IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

ANTHONY L. ADAMS (AIS# 180127),

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Plaintiff,

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CASE NO. 2:07-CV-351-MEF

PRISON HEALTH SERVICES,

DOCTOR SIDDIQ,

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Defendants.

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SPECIAL REPORT OF DEFENDANT PRISON HEALTH SERVICES, INC.

COME NOW the Defendants, Prison Health Services, Inc. and Tahir Saddiq, M.D. (identified in the Complaint as "Doctor Siddiq") (hereinafter collectively "PHS"), by and through counsel, and in response to the Plaintiff's Complaint and this Court's Order, presents the following Special Report with regard to this matter.

I. INTRODUCTION

The plaintiff, Anthony L. Adams (AIS# 180127) is currently incarcerated at the Bullock County Correctional Facility in Union Springs, Alabama. On or about April 26, 2007, Adams filed a "tort claim" asserting various "causes of action and facts in support" against Defendant PHS, the company currently contracted to provide healthcare to inmates within the Department of Corrections. Specifically, Adams claims to suffer from irregular heartbeats, bleeding ulcers, and esophageal problems that have risen to the level of a "LIFE THREATENING PREDICAMENT." Adams demands \$500 in actual damages and \$1 million in punitive damages to end the physical pain and mental suffering allegedly caused by deficient medical treatment provided by PHS and Dr. Siddiq.

Pursuant to this Court's routine instructions, the Defendants have investigated the claims asserted by Adams to determine the facts and circumstances arising out of the Complaint. PHS submits this Special Report and supports its position with the following:

- 1. A certified copy of plaintiff's medical records [Exhibit "A"];
- 2. Certain enumerated medical records [Exhibits "A.1" through "A.14"];
- 3. Affidavit of Dr. Tahir Siddiq [Exhibit "B"]; and
- 4. Affidavit of Brandee Player, Health Services Administrator [Exhibit "C"].

These evidentiary materials establish definitively that PHS has provided appropriate medical care to Mr. Adams and that diagnostic testing and other documentation retained in the record verifies the lack of a significant medical condition or a deliberate indifference by PHS employees to a serious medical need of the plaintiff.

Furthermore, it is undisputed that prisoner Adams failed to comply with mandatory requirements under the Prison Litigation Reform Act, 42 U.S.C. §1997(e), et seq., based on the investigation by these Defendants.

II. NARRATIVE SUMMARY OF FACTS

Since 1995, Adams has been incarcerated at the Bullock County Correctional Facility in Union Springs, Alabama. On numerous occasions, as exemplified by the size of the medical records attached hereto, Adams has been seen and evaluated by Bullock County Correctional Facility's medical and nursing staff and has been provided appropriate care each time he has registered health complaints at the facility.

Adams complains in his "tort claim" that he is suffering from bleeding ulcers, bad esophagus problems that prevent him from eating food and functioning normally, and also cause him to become strangled. The medical records attached hereto do not support these allegations.

Since his incarceration at Bullock County Correctional Facility in 1995, Adams has received a litany of medical treatment relating to esophageal problems, acid reflux, difficulty swallowing, and medications related thereto. [Exhibit "A"]. In August 1995, Correctional Medical Services, the precursor to PHS, interviewed Adams and determined he had no immediate problem other than "nervousness", but his medical history did indicate past conditions for hepatitis and stomach ulcers. [Exhibit "A.1"] Other internal screening forms dated August 28th verify complaints of "liver pain" and "rectal bleeding." [Exhibit "A.2"]. Within six (6) months after his arrival at Bullock County Correctional Facility, Adams began a pattern of consistently refusing or failing to take his Zantac medication dealing with his esophageal problems. [Exhibit "A.3"]. The Zantac had been prescribed primarily because of the multiple complaints Adams filed relating to bleeding ulcers and esophageal problems. [Exhibit "A.4", Exhibit "A.5", Exhibit "A.6", Exhibit "A.7", Exhibit "A.8", Exhibit "A.10"].

PHS employees have seen Adams on multiple occasions. [Exhibit "B" -- Affidavit Tahir Siddiq, M.D.]. Physicians have diagnosed him with hemorrhoids, constipation, gastritis, and gastro-esophageal reflux disease. [Id.]. Medications prescribed for these conditions include Anusol and Zantac. [Id.].

Recent complaints filed by Adams pertain to what he believes are new problems associated with these conditions. On March 26, 2007, Adams filed another Sick Call Request for medical treatment from a "free world hospital" because it had become difficult for him to swallow his food. This is similar to other sick call complaints filed by Adams over a multi-year

period. [Exhibit "A.9"] [See Exhibit "A" - sick call notes]. As a result of this complaint, PHS employees ordered a barium swallow on or about April 10, 2007, to check Mr. Adams' esophagus. [Exhibit "A.11"]. The results of the barium swallow were negative for both esophageal problems, as well as upper gastrointestinal diseases. [Exhibit "A.12", Exhibit "A.13"].

In addition to the barium swallow, PHS physicians also reviewed an upper GI series and found those results to be normal. Adams continues to receive appropriate treatment for his complaints, including prescriptions for Zantac, that are provided on a KOP basis. [Exhibit "A.13", Exhibit "A.14"].

PHS has established a two-step procedure for identifying inmate grievances at Bullock County Correctional Facility and Adams has failed to comply with these mandatory provisions prior to seeking judicial intervention regarding allegedly improper medical care. [Exhibit "C" – Affidavit of Brandee Player].

III. DEFENSES

The Defendants assert the following defenses to the Plaintiff's claims:

- 1. The Plaintiff/prisoner failed to comply with the mandatory requirements of the Prison Litigation Reform Act of 1995, 42 U.S.C. §1997(e), et seq. ("PLRA") and the PLRA directly applies to require that this matter be dismissed with prejudice for failing to comply with the terms and conditions of grievance procedures concerning medical issues.
- 2. The Defendants deny each and every material allegation contained in the Plaintiff's Complaint and demand strict proof thereof.
 - 3. The Defendants plead not guilty to the charges in the Plaintiff's Complaint.

- 4. The Plaintiff's Complaint fails to state a claim against the Defendants for which relief can be granted.
 - 5. The Defendants affirmatively deny any and all alleged claims by the Plaintiff.
 - 6. The Plaintiff is not entitled to any relief requested in the Complaint.
- 7. The Defendants plead the defense of qualified immunity and avers that the actions taken by the Defendants were reasonable and in good faith with reference to clearly established law at the time of the incidents complained of by the Plaintiff.
- 8. The Defendants are entitled to qualified immunity and it is clear from the face of the Complaint that the Plaintiff has not alleged specific facts indicating that the Defendants have violated any clearly established constitutional right.
- 9. The Defendants cannot be held liable on the basis of <u>respondent superior</u>, agency, or vicarious liability theories.
 - 10. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.
- Tahir Siddiq, M.D., sued in his individual capacity, fails to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual capacities. See Oladeinde v. City of Birmingham, 963 F.2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Educ. Of Escambia County, 880 F.2d 305, 309 (11th Cir. 1989).
- 12. The Defendants plead all applicable immunities, including, but not limited to qualified, absolute, discretionary function immunity, and state agent immunity.
- 13. The Defendants aver that it was at all times acting under color of state law and, therefore, they are entitled to substantive immunity under the law of the State of Alabama.
 - 14. The Defendants plead the general issue.

- 15. This Court lacks subject matter jurisdiction due to the fact that even if the Plaintiff's allegations should be proven, the allegations against the Defendants would amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights.

 See Rogers v. Evans, 792 F.2d 1052 (11th Cir. 1986).
- 16. The Plaintiff's claims against the Defendants in their official capacity are barred by the Eleventh Amendment to the United States Constitution.
- 17. Alabama law provides tort and other remedies for the allegations made by the Plaintiff herein and such remedies are constitutionally adequate.
- 18. The Defendants plead the defense that at all times in treating Plaintiff it exercised the same degree of care, skill, and diligence as other physicians and nursing staff would have exercised under similar circumstances and that at no time did they act toward the Plaintiff with deliberate indifference to a serious medical need.
- 19. The Defendants plead the affirmative defense that the Plaintiff's Complaint fails to contain a detailed specification and factual description of the acts and omissions alleged to render them liable to the Plaintiff as required by § 6-5-551 of the Ala. Code (1993).
- 20. The Defendants plead the affirmative defenses of contributory negligence and assumption of the risk.
- 21. The Defendants plead the affirmative defense that Plaintiff's damages, if any, were the result of an independent, efficient, and/or intervening cause.
- 22. The Defendants plead the affirmative defense that they are not responsible for the policies and procedures of the Alabama Department of Corrections.
- 23. The Defendants plead the affirmative defense that the Plaintiff has failed to mitigate his own damages.

- 24. The Defendants plead the affirmative defense that they are not guilty of any conduct which would justify the imposition of punitive damages against them and that any such award would violate the United States Constitution.
- 25. The Defendants adopt and assert all defenses set forth in the Alabama Medical Liability Act § 6-5-481, et seq., and § 6-5-542, et seq.
- 26. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing in forma pauperis actions in federal court.
- 27. Pursuant to 28 U.S.C. § 1915 A, this Court is requested to screen and dismiss this case, as soon as possible, either before or after docketing, as this case is frivolous or malicious, fails to state a claim upon which relief may be granted, or seeks money damages from the Defendant, Tahir Siddiq, M.D., who is a state officer entitled to immunity as provided for in 42 U.S.C. § 1997 (e)(c).
- 28. The Defendants assert that the Plaintiff's Complaint is frivolous and filed in bad faith solely for the purpose of harassment and intimidation and requests this Court pursuant to 42 U.S.C. § 1988 to award Defendants reasonable attorney's fees and costs incurred in the defense of this case.
- 29. The Plaintiff's claims are moot because the events which underlie the controversy have been resolved. See Marie v. Nickels, 70 F., Supp. 2d 1252 (D. Kan. 1999).

IV. ARGUMENT

Because Adams Failed to Follow the Required Grievance Procedures for A. Assessing Medical Complaints Prior to Filing His Lawsuit, the Prison Litigation Reform Act of 1995 Requires the Immediate Dismissal, with Prejudice, of His Complaint..

Congress passed the Prison Litigation Reform Act of 1995 ("PLRA") in order to control frivolous prisoner lawsuits. The Act contains multiple, mandatory provisions that require the dismissal of complaints identical to those asserted by Mr. Adams.

The PLRA defines a prisoner as follows:

As used in this section, the term "prisoner" means any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms and conditions of parole. probation, pretrial release, or diversionary program. 42 U.S.C. §1997e(h).

Adams admits to being incarcerated in his complaint, therefore, he meets the definition of "prisoner" as defined by the PLRA. See Boyd v. Corrections Corporation of America, 380 F.3d 989 (6th Cir. 2004).

The crux of the PLRA requires a prisoner to exhaust all internal, administrative remedies prior to filing suit. The PLRA requires that the Court on its motion or the motion of a defendant dismiss any action with respect to prisoner conditions or medical treatment upon failure to exhaust these remedies. 42 U.S.C. §1997e(a). This provision states the following:

Applicability of Administrative Remedies. (a)

No action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted. (emphasis added).

Failure of State to Adopt or Adhere to Administrative **(b)** Grievance Procedure.

The failure of a State to adopt or adhere to an administrative grievance procedure shall not constitute the basis for an action under 1997a or 1997c of this Title.

(c) Dismissal

The Court shall on its own motion or on the motion of a party dismiss any action brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility if the court is satisfied that the action is frivolous, malicious, fails to state a claim upon which relief can be granted, or seeks monetary relief from a defendant who is immune from such relief.

42 U.S.C. § 1997e(a)

"Administrative remedies" pursuant to this Act constitute prison or jail grievance procedures such as those identified in this Special Report. Before filing suit, the prison/plaintiff must submit his claim through this procedure and the grievance must address the specific issue upon which the suit is based. Failure to strictly follow these procedures requires dismissal of the action. Even if the prisoner/plaintiff has no knowledge regarding the existence of the procedures, this does not relieve the requirement. See Zolicoffer v. Scott, 55 F. Supp. 2d 1372 (N.D. Ga. 1999), affirmed without opinion (252 F.3d 440 (11th Cir. 2001).

In this particular case, Adams failed to follow available, required administrative procedures that existed within the Bullock County Correctional Facility. [Exhibit "C" – Affidavit of Brandee Player]. These procedures required Adams to seek administrative relief of his claim before seeking court intervention regarding his claim. His failure to follow these internal procedures concerning his medical grievances require his claim be dismissed with prejudice. Woodford v. NGO, 126 S. Ct. 2378, 165 L.Ed.2d 368 (2006).

The <u>Woodford</u> case is extremely instructive because the United States Supreme Court took the opportunity to clarify issues concerning the Prison Litigation Reform Act. In

<u>Woodford</u>, a California state prisoner challenged a disciplinary act but did so in an untimely manner, violating California's Prison Grievance System. Subsequently, the prisoner sued the system in federal court, but the district court granted the Department's Motion to Dismiss, stating the prisoner had not fully exhausted his administrative remedies, pursuant to the Prison Litigation Reform Act. On appeal, the Ninth Circuit reversed, claiming that because no administrative remedies remained available to the prisoner, he had "not exhausted them" amongst other reasons.

On appeal, the United States Supreme Court reversed the Ninth Circuit and affirmed the dismissal of the prisoner's complaint. The Court's opinion focused extensively on the "exhaustion" of available remedies and concluded that whether procedural deficiencies existed or whether a prisoner is poorly educated and unfamiliar with such proceedings, it is a requirement that administrative remedies be followed prior to litigation ensuing in federal court. Id. At 2387, 2388, 2390, 2392-2393.

Adams' case is no different from that outlined in <u>Woodford</u>. Adams must exhaust internal, administrative remedies before seeking redress for his complaints within the legal system. Adhering to these procedures serves a two-fold interest, (1) it allows Adams the opportunity to advise correctional officers or healthcare employees regarding his concerns and (2) it permits internal procedures to address and alleviate concerns raised by prisoners through this process. More importantly, it eliminates frivolous litigation by giving both the prisoner and the correctional facility the opportunity to be aware of complaints and address them prior to the expense of litigation.

Adams' case is definitive of the type the PLRA was designed to address. Over a period of years, Adams' multiple complaints concerning esophageal problems and upper

gastrointestinal concerns have all resulted in negative findings by physicians and diagnostic testing. Despite these results, Adams continually plagues PHS with what appear to be frivolous complaints of pain. If those complaints were valid, they are more than likely directed to Adams' failure to take physician-prescribed medication rather than inept or improper medical treatment. Under no circumstances has Adams presented any evidence that the medical care provided to him rises to the level of a deliberate indifference to a serious medical need.

B. The Plaintiff Has Failed To Prove That The Defendant Acted With Deliberate Indifference To Any Serious Medical Need.

A court may dismiss a complaint for failure to state a claim if it is clear that no relief could be granted under any set of facts that could be proven consistent with the allegations in the complaint. Romero v. City of Clanton, 220 F. Supp. 2d 1313, 1315 (M.D. Ala., 2002), (citing, Hishon v. King & Spalding, 467 U.S. 69, 73, (1984). "Procedures exist, including Federal Rule of Civil Procedure 7(a), or Rule 12(e), whereby the trial court may "protect the substance of qualified immunity," Shows v. Morgan, 40 F. Supp. 2d 1345, 1358 (M.D. Ala., 1999). A careful review of Adams' medical records reveals that he has been given appropriate medical treatment at all times. [See Exhibits "A", "A.1 – A.14" & "B"].

The Plaintiff's Complaint fails to state a claim against the Defendant with the detail and specificity required by the Alabama Medical Liability Act, ALA. CODE § 6-5-551, which provides as follows:

In any action for injury, damages, or wrongful death, whether in contract or tort, against a health care provider for breach of the standard of care, whether resulting from acts or omissions in providing health care, or the hiring, training, supervision, retention or termination of care givers, the Alabama Medical Liability Act shall govern the parameters of discovery and all aspects of the action. The plaintiff shall include in the complaint filed in the action a detailed specification and factual description of each

act and omission alleged by plaintiff to render the health care provider liable to plaintiff and shall include when feasible and ascertainable the date, time, and place of the act or acts. The plaintiff shall amend his complaint timely upon ascertainment of new or different acts or omissions upon which his claim is based; provided, however, that any such amendment must be made at least 90 days before trial. Any complaint which fails to include such detailed specification and factual description of each act and omission shall be subject to dismissal for failure to state a claim upon which relief may be granted. Any party shall be prohibited from conducting discovery with regard to any other act or omission or from introducing at trial evidence of any other act or omission. (emphasis added).

ALA. CODE § 6-5-551.

The Plaintiff's Complaint fails to state a claim against the Defendant because it fails to include a "detailed specification and factual description" of each act and omission alleged by Plaintiff to render the Defendant liable to Plaintiff; in particular, said Complaint fails to include the required statement of "the date, time, and place of the act or acts" of alleged malpractice, as required by the Act. See Ala. Code § 6-5-551 (emphasis added).

Adams' Complaint contains hyperbole and conjecture rather than fact and evidence warranting this Court's attention. The medical chart produced herein verifies that Adams is more known for frivolous complaints than serious medical issues. Over the course of a 12-year period, PHS and its predecessor provider continually tracked upper GI and esophageal problems suffered by Adams and provided appropriate medication to treat these conditions. At no time did the treatment provided by PHS rise to a constitutional violation or that which would support a claim under the Alabama Medical Liability Act.

In order to state a cognizable claim under the Eighth Amendment, Adams must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. See Estelle v. Gamble, 429 U.S. 97, 106 (U.S. 1976); McElligott v. Foley, 182 F.3d

1248, 1254 (11th Cir. 1999); Palermo v. Corr. Med. Servs., 148 F. Supp. 2d 1340, 1342 (S.D. Fla. 2001). In order to prevail, Adams must allege and prove that he suffered from a serious medical need, that the Defendants were deliberately indifferent to his needs, and that he suffered harm due to deliberate indifference. See Marsh v. Butler County, 268 F.3d 1014, 1058 (11th Cir. 2001) and Palermo, 148 F. Supp. 2d at 1342. "Neither inadvertent failure to provide adequate medical care nor a physician's negligence in diagnosing or treating a medical condition states a valid claim of medical mistreatment under the Eighth Amendment." (citations omitted). [Id.].

Not every claim by a prisoner that medical treatment has been inadequate states an Eighth Amendment violation. Alleged negligent conduct with regard to inmates' serious medical conditions does not rise to the level of a constitutional violation. Alleged medical malpractice does not become a constitutional violation merely because the alleged victim is a prisoner. See Estelle, 429 U.S. at 106, McElligott, 182 F.3d at 1254, Hill, 40 F.3d 1176, 1186 (11th Cir. 1994), Palermo, 148 F. Supp. 2d at 1342. Further, a mere difference of opinion between an inmate and the physician as to treatment and diagnosis cannot give rise to a cause of action under the Eighth Amendment. Estelle, 429 U.S. at 106-108.

The Defendants may only be liable if they had knowledge of Adams' medical condition, Hill, 40 F. 3d at 1191, and acted intentionally or recklessly to deny or delay access to his care, or to interfere with treatment once prescribed. Estelle, 429 U.S. at 104-105. Obviously, Adams cannot carry his burden. The evidence submitted with this Special Report clearly shows that the Defendants did not act intentionally or recklessly to deny or delay medical care, or to interfere with any treatment which was prescribed or directed. The evidence demonstrates, to the contrary, that PHS employees applied the appropriate standard of care to the treatment of Mr. Adams.

Adams complained of irregular heartbeats, bleeding ulcers, and esophageal problems. [Exhibit "A"].

The Defendants are, also, entitled to qualified immunity from all claims asserted by Adams in this action. There is no argument that the Defendants were not acting within the scope of their discretionary authority. See Eubanks v. Gerwen, 40 F. 3d 1157, 1160 (11th Cir. 1994); see also Jordan v. Doe, 38 F. 3d 1559, 1566 (11th Cir. 1994). Because the Defendants have demonstrated that they were acting within the scope of their discretionary authority, the burden shifts to Adams to show that the Defendants violated clearly established law based upon objective standards. Eubanks, 40 F. 3d at 1160. The Eleventh Circuit requires that before the Defendants' actions can be said to have violated clearly established constitutional rights, Adams must show that the right allegedly violated was clearly established in a fact-specific, particularized sense. Edwards v. Gilbert, 867 F.2d 1271, 1273 (11th Cir. 1989), aff'd in pertinent part, rev'd in part on other grounds, sub nom., Edwards v. Okaloosa County, 5 F. 3d 1431 (11th Cir. 1989).

The Eleventh Circuit further requires that the inquiry be fact specific, and that officials will be immune from suit if the law with respect to their actions was unclear at the time the cause of action arose, or if a reasonable person could have believed that their actions were lawful in light of clearly established law and information possessed by the individual. See Brescher v. Von Stein, 904 F.2d 572, 579 (11th Cir. 1990) (quoting, Anderson v. Creighton, 483 U.S. 635, 640, (U. S. 1987)). The question that must be asked is whether the state of the law in 2006 gave the Defendants fair warning that its alleged treatment of Adams was unconstitutional. Hope v. Pelzer, 536 U.S. 730, 741 (U.S. 2002).

Therefore, to defeat summary judgment, Adams must be able to point to cases with "materially similar" facts, within the Eleventh Circuit, that would alert the Defendants to the fact that their practice or policy violates his constitutional rights. See Hansen v. Soldenwagner, 19 F.3d 573, 576 (11th Cir. 1994). In order for qualified immunity to be defeated, preexisting law must "dictate, that is truly compel (not just suggest or allow or raise a question about), the conclusion for every like-situated, reasonable government agent that what the defendant is doing violates federal law in the circumstances." Lassiter v. Alabama A & M Univ., Bd. of Trustees, 28 F. 3d 1146, 1151 (11th Cir. 1994). The Defendants submit that there is no case law from the United States Supreme Court, the Eleventh Circuit Court of Appeals, or District Courts sitting within the Eleventh Circuit showing that, under the facts of this case, it was clearly established that these alleged actions violated Adams's constitutional rights. All of Adams' medical needs have been addressed or treated. [See Exhibits "A" & "B"]. The Defendants have provided Adams with appropriate medical care at all times and he has received appropriate nursing care as indicated for treatment of his condition.

V. CONCLUSION

The Plaintiff's Complaint is due to be dismissed on its face, and is, further, disproven by the evidence now before the Court. All of the Plaintiff's requests for relief are without merit. The Defendants have demonstrated both through substantial evidence and appropriate precedent that there is not any genuine issue of material fact relating to a constitutional violation, and that they are, therefore, entitled to a judgment in their favor as a matter of law. The Plaintiff's submissions clearly fail to meet his required burden.

Accordingly, the Defendants request that this Special Report be treated and denominated as a Motion to Dismiss and/or a Motion for Summary Judgment and that this Honorable Court either dismiss the Plaintiff's Complaint, with prejudice, or enter a judgment in their favor.

Respectfully submitted,

/s/ PAUL M. JAMES, JR. Alabama State Bar Number JAM017 Attorney for Defendants Prison Health Services, Inc. and Tahir Siddiq, M.D. RUSHTON, STAKELY, JOHNSTON & GARRETT, P.A. P. O. Box 270

Montgomery, AL 36101-0270 Telephone: (334) 206-3148

Fax: (334) 262-6277 E-mail: pmj@rsjg.com

CERTIFICATE OF SERVICE

I hereby certify that a copy of the above and foregoing has been served by U.S. Mail this the 3rd day of July, 2007, to:

Mr. Anthony L. Adams (AIS # 180127) **Bullock County Correctional Facility** P. O. Box 5107 Union Springs, AL 36809-5107

> /s/ PAUL M. JAMES, JR. (JAM017) Attorney for Defendants Prison Health Services, Inc. and Tahir Siddig, M.D.

EXHIBIT A

AFFIDAVIT

STATE OF ALABAMA
COUNTY
I, Brande Player, hereby certify and affirm that I am a PIS employee, at Bully K Could make; that I am one of the custodian of records at this institution; that the attached documents are true, exact, and correct
photocopies of certain documents maintained here in the institutional medial file of one Anthony Adams, AIS# 180127; and that I am over the age of
twenty-one years and am competent to testify to the aforesaid documents and matters stated
therein.
I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Bullock Correctional; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events and transactions referred to therein are said to have
occurred.
This, I do hereby certify and affirm to on this the day of
SWORN TO AND SUSBCRIBED before me on this // May of
My Commission Expires: 2/24/2007

PROBLEM LIST

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Sears HEAD: Hair Scalp (pediculi) EARS: Appearance Chanals EYES: Pupils Sciera Conjunctiva MOUTH: Throat Tongue Tonsils NOSE: Obstruction Drainage NECK: Veins Mobility Thyroid Carotids Lymph nodes Lymph nodes CogNypation Assolutation Respirations	SKIN: Color Condition Turgor Recent injury	Condition of teeth: poor (a) good Condition of gums: poor healthy False teeth: partial plate upper lower Oral Hygiene instructions given:
EYES: Pupils Sclera Conjunctiva MOUTH: Throat Tongue Tonsils NOSE: Obstruction Drainage NECK: Veins Mobility Thyroid Carolids Lymph nodes CHEST (BREASTS) Configeration Association Respirations Resp	Scars Clam (P) am HEAD: Hair	Date last Tetanus: 8-18-95
EYES. Pupils Sclera Conjunctiva MOUTH: Throat Tongue Tonsils NOSE: Obstruction Drainage NECK: Veins Mobility Thyroid Carotiston Respirations Respiration Respirati	EARS: Appearance	
Results (millimeters): Referral for chest x-ray: Referral for chest x-ray: Yes No LABORATORY TESTS G.C.: PAP: HIV: PREGNANCY TEST: OTHER: COMMENTS: COMMENTS: REFERRAL REFERRAL REFERRAL REFERRAL PLANTAGE REFERRAL REFERRAL PLANTAGE REFERRAL PLANTAGE REFERRAL REFERRAL PLANTAGE REFERRAL	Canals EYES: Pupils Sclera	Date/Time administered: 8-18-95 Date/Time read: 8-2/95
Drainage NCCK: Veins Mobility Thyroid Carotids Lymph nodes CHEST (BREASTS) Configuration Auscultation Respirations Coglybyutum HEART: Auscultation Radial pulses Apical pulse Rightim EXTREMITIES: Pulses Edema Joints SPINE REFLEXES ABDOMEN: Shape Bowel sounds Palpation Hernia ANUS/RECTUM Hemorrhoids Anal warts PELVIC RPR: MRATE QBTAINED G.C.: PAP: HIV: PREGNANCY TEST: OTHER: COMMENTS: COMMENTS: REFERRAL REFERRAL Ful Clo well blowling Assessed by: Maleuned Date: 9-28-9 Finne: Physician Review:	MOUTH: Throat Tongue	Referral for chest x-ray: 70
Mobility Thyroid Carotids Lymph nodes CHEST (BERASTS) Configuration Auscultation Respirations Cough/Sputum HEART: Auscultation Radial pulses Apical pulse Rhythm EXTREMITIES: Pulses Edema Joints SPINE REFLEXES ABDOMEN: Shape Bowel sounds Palpation Hernia ANUS/RECTUM Hemorrhoids Anal warts PELVIC G.C.: PAP: HIV: Dature 9-18-90 PREGNANCY TEST: OTHER: COMMENTS: COMMENTS: REFERRAL FREFERRAL Fun c/p viclo bludy Assessed by: Marine: Physician Review: Physician Review:		
CHEST (BREASTS) Configuration Auscultation Respirations Cough/Sputum HEART: Auscultation Radial pulses Apical pulse Rhythm EXTREMITIES: Pulses Edema Joints SPINE REFLEXES ABDOMEN: Shape Bowel sounds Palpation Hermia ANUS/RECTUM Hemorrhoids Anal warts PELVIC PREGNANCY TEST: OTHER: COMMENTS PREGRANCY TEST: OTHER: REFERRAL REFERRAL Fun c/, vilab blucky Assessed by: Date: 8-28-95 Time: Physician Review:	Mobility Thyroid Carotids	G.C.:
Radial pulses Apical pulse Rhythm EXTREMITIES: Pulses Edema Joints SPINE REFLEXES ABDOMEN: Shape Bowel sounds Palpation Hernia ANUS/RECTUM Hemorrhoids Anal warts PELVIC Reflexes Assessed by: Market Assessed by: Physician Review: Physician Review: Physician Review: Physician Review:	Configuration Auscultation Respirations	PREGNANCY TEST:OTHER:
EXTREMITIES: Pulses Edema Joints SPINE REFLEXES ABDOMEN: Shape Bowel sounds Palpation Hernia ANUS/RECTUM Hemorrhoids Anal warts PELVIC REFERRAL REFERRAL ASSESSED by: Date: 8-28-95 Time: Physician Review:	Radial pulses Apical pulse Rhythm	
REFLEXES ABDOMEN: Shape Bowel sounds Palpation Hernia ANUS/RECTUM Hemorrhoids Anal warts PELVIC REFERRAL: REFERRAL: Pu C/, vill bludy Assessed by: Date: 8-28-957ime: Physician Review:	EXTREMITIES: Pulses Edema G A A A A A A A A A A A A	
ABDOMEN: Shape Bowel sounds Palpation Hernia ANUS/RECTUM Hemorrhoids Anal warts PELVIC REFERKAL Per C/, vetal bludy Assessed by: Date: 8-28-95 Time: Physician Review:	SPINE	
ABDOMEN: Shape Bowel sounds Palpation Hernia ANUS/RECTUM Hemorrhoids Anal warts PELVIC Assessed by: Assessed by: Physician Review: Physician Review:	REFLEXES	PERCOPAT
PELVIC Assessed by: Date: 8-28-95 Time: Physician Review:	ABDOMEN: Shape Bowel sounds Palpation Hernia	
PELVIC Date:	ANUS/RECTUM Hemorrhoids Anal warts Anus/Rectum C/o rustal blurding	Assessed by Addis a PAL
	41	Date: 8-28-95 Time: Physician Review:

General Medical / Peptic Ulcer Chronic Care Clinic

	LIC	INST	DOB	AGE	R/S	YEAR	
NAME - A CU - CO /	AIS	Dullock	<u> БОБ</u>		Bm	.DQ02	
Frans Anhony	110000	12/20/02	1/3/03	12/13/03	31113	4115103	
DAŤE'	11/02/02			101.00.2	······································		
	SUBJECT	IVE DATA: C	MONTH	TE Amal	Tand	[arroll	
1. Appetite	(2004)	Fair (= cod	MICHAEL	00		
2. Abdominal pain (qualify)	NII7	PIA	NA			FZONT	
Abdominal pain (location)	IVIA	NIA	ä	116	120-14		
Abdominal pain (time curve)	ND	4		30Thr		30-60mm	
3. BM's (frequency)	\overline{Q}	<u> </u>	LL	1000-	No No	110	
BM's (quality)	ml	ne	NL-	1- <u>NQ</u> -	770	100	
4. Upper or lower blood	-0	や	NO_	+NO-	1 70	 	
5. Vomiting	N_{i}	de		<u> </u>		+	
6. Aggrevating medications	NO	0	<u> </u>		 	nel	
7. Smoking	100	も _	<u> </u>			<u> </u>	
	NURS	ING EXAM: (Q MONTH		/	14	-76
DD / pulso	1120 74 . 76	13478.72	124/12.80	13670.	124172		78
1. BP / pulse 2. Temperature	000	9	92.4	19800×	98,	197.9	
3. Respiratory rate	TIŽ ,	20	ĬŔ.	80_	118.	170	
4. Weight	144	142	143/2	147	143/2	<u> </u>	
5. Abd. tenderness (severity)	NIA	NIA	NIA	NA	NA	1 VIA	
Abd. tenderness (location)	NIA.					DIA	}
Abd. appearance	NON-DIS	WIDIST				NDIET-	1
6. Edema	NONE	Nove				1 Hone	1
7. Jaundice	NO	do	121		<u></u>		J
7. Jaunute	LABTE	ST RESULTS	(as ordered	l)			7
							-
1. WBC, 11 —							1
2. Amylase							-
3. SGOT, SGPT							4
4. Alk. phos. / bili							-
5. EGD							ا
6. Other		MEDICATION	ONS				=
	James Bu		7 =	5	7	-1001+]
Zantac 150mg	COUTTY		7		1 7		
			 	- f			
							_
	Mary					10000	
Medication compliance	14/4					NOOV	
Total time on H2 blockers	10000					129	
Education and counseling		/ 1	2 MONTH	~		()	
	DOCT	OR EXAM Q	3 MONTH				7
Date							1
1. Abd. tenderness]
2. Liver/ spleen / mass							
							_
3. Jaundice							_
4. Rectal / Hemocult							
5. Edema							

TUBERCULOSIS CHRONIC CARE	CLINIC				No. of the last of	www.communication.com/communication.com/com/communication.com/com/com/com/com/com/com/com/com/com/
NAME: Adams An Hong	AIS: 18427	INST. BCF	DOB:4552	AGE: 39	RIS: 6/m	YEAR:
DATE:	111-111-95	111-3-95	119.1.115	17 20	<u> </u>	;
	170-70-73	11 3 -)	10-10-12	5-1		
SUBJECTIVE DATA: q mo.	1	;	1	i·	1	;
1. Fever	-0	10				-
2. Night sweats	-0	A	1-0-	-6		
3. Anorexia		<u> </u>	-6	0		
4. Weight loss	9000	·-b		-D-		
5. Cough				ľ	1	:
3. Sputum	-0-	1 5	17	0	1	
7. Hemoptysis	10	0		d	<u>i</u>	í
3. Nausea / Vomiting		7	<u> </u>	\$	1	;
2 14023037 40 many	<u> </u>		1	·	1	
NURSING EXAM: q mo.		<u> </u>		0	<u> </u>	11
I. B.P. / pulse	100 1-1	10000	T # 51 7777			
2. Respiratory rate / Temp.	124/76	120/20	124/94/94	118/74/84		!
. Respiratory rate / Lemp.	20198	20/978	30/984	20/988		ı
	20/ 988	150	144	145	ļ	_i
PPD / Date positive	8-23-75	8-23-85	C-27-35	8-23-95		1
. Nodes	0		4-	Ð		;
. General appearance	3001		4407	91100		i .
. Jaundice	10	6	3	9000		
		-				
MD EXAM q 3 mo.		•				
. Cough	11	1 1	A_{i}	. A 1	7	
L. Sputum	+ 44	41-		-7-9		<u>:</u>
. Lungs		- ' V		15		
. Chachexia	16-		- û	13	1	<u> </u>
. Nodes	 	1,74	4	1604	<u> </u>	1
Jaundice	4.	9m	967		<u> </u>	:
. Abd. exam	96m	. '	L	1-1-1	1	!
	l Aa	4-	47		<u> </u>	:
Tota-		1)				<u> </u>
ESTS:		·				
. Chest x-ray	8-24-55	8-24-95	8-24-95	8-24-95		1
. Sputum AFB	1					
. SGOT q mo.	19-5-55	9-5-75	9-5-96	9-24-95	l	1
. WBC / hot	8-18-95					1
						1
MEDICATIONS:						
INH 300 gf.]				<u> </u>	ĺ
7/4-		i i	1		<u> </u>	1
	1					i
					 	<u> </u>
	1				l	!
						1
edication compliance %			75%			1
Notify MD			10/0		<u> </u>	
ducation and counseling	1	ı			1	1

TUBERCULOSIS CHRONIC CARE CLINIC						
NAME: Adams, Anthony	AIS: /80/27 INST.:	DOB:	AGE:	R/S:	YEAR:	
DATE:						
DATE:	18/24/95				:	
SUBJECTIVE DATA: q mo.	l l				,	
1. Fever	8					
2. Night sweats	0					
3. Anorexia	A .					
4. Weight loss	8					
5. Cough 6. Sputum	8	1				
7. Hemoptysis	Ø .				i	
8. Nausea / Vomiting	0				:	
o. Ivausear vomiting	8					
NURSING EXAM: q mo.					ı	
1. B.P. / pulse	17.4	·				
Respiratory rate / Temp.	116/74-72				:	
3. Weight	18-968				i	
4 PPD / Date positive	1421/2					
PPD / Date positive Nodes	8-23-95					
6. General appearance						
7. Jaundice	Crox				i	
ND CVAN					į	
MD EXAM q 3 mo.						
1. Cough 2. Sputum			!		E	
3. Lungs					ł	
4. Chachexia						
5. Nodes						
6. Jaundice					i	
7. Abd. exam				!		
7. Abd. exail						
Thomas						
TESTS:						
1. Chest x-ray	8-95		1	<u> </u>		
2 Sputum AFB						
3. SGOT q mo.	8-95				i	
4. WBC / hot	8-95					
MEDICATIONS:						
JN# 300	8/23/95			!	į	
					-	
		·			. 1	
Modinarion				ļ		
Medication compliance %	100 %					
Notify MD Education and counseling						
presentation and counseling	8-25		!	i,	:	

TUBERCULOSIS CHRONIC CA	RE CLINIC				THE PROPERTY OF THE PROPERTY O
NAME: Adams, Antho	AIC. (C 2 /2 T HAICT /				
HYDING HOLKE	DA WIS 18019 LINE 1:55	: ► nos:	AGE:	R/S:	YEAR:
DATE:					
		<u> </u>			:
CUP IFOTHE BATA					
SUBJECTIVE DATA: q mo.	8/25/95		ĺ		i
Night sweats	20,			l	
Night sweats Anorexia					:
4. Weight loss	8				,
5. Cough	- B-			i I	
6. Sputum	- B-				
7. Hemoptysis	6				i
8. Nausea / Vomiting	-0-				
	0				
NURSING EXAM: q mo.					i
1. B.P. / pulse	114 /04 0		-		
Respiratory rate / Temp.	116/74-72				
3. Weight	18-9618				İ
4. PPD / Date positive	8-95				i
5. Nodes	9-13				
6. General appearance	Good				
7. Jaundice	0000				· · · · · · · · · · · · · · · · · · ·
MD EXAM q 3 mo.					İ
1. Cough					
2. Sputum					
3. Lungs					
4. Chachexia					
5. Nodes					
6. Jaundice					
7. Abd. exam					
TESTS:					
1. Chest x-ray					
2. Sputum AFB	8-95				1
3. SGOT q mo.	6.6				
4. WBC / hct	8-95				
	3-73				
MEDICATIONS:					
INH 300	Vc33=C=				
	8-23-95				
Medication compliance %					
Notify MD					
ducation and counseling	8-95				
		. 1	!		

I. HIST	ORY - (Nurse)		YES NO	COMMENT	S	
(Com Persis Chest Blood Diffic Other Smok	I In Urine or Stockult Urination Illnesses (Detail e, Dip or Chew ERGIES at 43 Temp. xam: V	ow)	Nesr OD Ne	Clo Ocro	255 Epi-gas 1 Rape to Ha P. 125/90 OU_N	tei disco
II. TEST	ING - (Nurse)		RESUL	TS	. ^	
(chest RPR (chest Urine) (Gluer EKG (choles Tetanu	eulin Skin Test (ox-ray if clinical sq 3 yrs.) Dip (yearly) , Pro., RBC., WI baseline at 35, ov terol (at 35 then ox S/Diphtheria (q 1 one Today:	ymptoms) R D R BC.) yer 45 q 3 yrs.) q 5 yrs.)	esults eac eac ast Given	6 Results 9 13 9 6 X A	4	
III. PHYSI	CAL		RESULT	rs		
Rectal (With	(q 2 yrs. p 30) (yearly p 45) Hemocult and PAP (q 1 yr.)	Date Results Results Date	Regular NA Results A Results	and E Car NA NA	ven A	
			DRIVE /		0 37 24-9165 4)414-310 414, Apt. 10 Date 713198 Date 7 13198	1 51
		(///////				•

7/101	INITIAL SKIN TEST
Date Given: 7/13/98	Date Read:
Site Given: 24. For earn	Size:
Lot#: 2468-11	
Lot#: 2468-11 Nursa: Ctaniellpr	
	Nurse:
have received - C	
iministered. I have never had a posi ith TB drugs. I have also been instructed the department if I am released prior	have had the opportunity to have my questions answerstand the PPD must be read 72 hours after being we reaction to a TB skin test, nor have I ever been treated to check with my regular physician or the public to the TB test being read.
iministered. I have never had a posi ith TB drugs. I have also been instructed the department if I am released prior	ve reaction to a TB skin test, nor have I ever been tre ted to check with my regular physician or the public to the TB test being read.
iministered. I have never had a posi ith TB drugs. I have also been instru	ve reaction to a TB skin test, nor have I ever been tre
iministered. I have never had a positith TB drugs. I have also been instructed the department if I am released prior AMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM	reaction to a TB skin test, nor have I ever been treed to check with my regular physician or the public to the TB test being read. 13/98 Date
iministered. I have never had a posi ith TB drugs. I have also been instructed the department if I am released prior	ted to check with my regular physician or the public to the TB test being read. Date

INMATE NAME:	ID#:		
	10#:	RACE:	LOCATION:
Itdams Atthony	180127	BIK	200
 			OCC

PERIODIC HEALTH ASSESSMENT

I.	HISTORY	YES	NO	COMMENTS
	WEIGHT CHANGE (>15 LBS.) PERSISTENT COUGH CHEST PAIN BLOOD IN URINE OR STOOL DIFFICULT URINATION ALLERGIES TO MEDS SMOKING OTHER ILLNESS (DETAILS)	_	ICK ICKKK	Haldol
П.	PHYSICAL			RESULTS
	HEART LUNGS PELVIC AND PAP (q 1 yr.) BREAST (q 2 yrs p 30) WEIGHT 42 RESP. 8 CO 12 INChes RECTAL WITH HEMOCULT (yearly p 45)	DATE DATE B/P_		Pleg of Ofrong N/A RESULTS N/A PULSE 74 TEMP. 968
m.	TESTING TUBERCULIN SKIN TEST (q ye	\	DATE /	RESULTS 6/27/97
	TUBERCULIN SKIN TEST (Q y)	r.)	DATE (rs
	RPR (q 3 yrs.) URINE DIP (yearly) (GLU., PRO., RBC, WBC	C)	DATE:	Negative x4
	MAMMOGRAM (40 and over q	2 yrs.) DATE		, A) /A
	EKG (baseline at 35, over 45, q CHOLESTEROL (q 5 yrs.) TETANUS / DIPTHERIA (q 10			4/10/96 8/18/195
NURSE' SIGNAT		.12	ρN	DATE /7/1/97
FACILI	TY BCCF PHYS	iCIAN'	s sign	ATURE MU
EMERG	SENCY ADDRESSEE MALO	NA	Dam	S TELEPHONE # 334 342-6763
ADDRE	ss 216 BURNYN	Di	eive	West Apt. 30 Mblil = 36608
оов <u>4</u>	5/56 AGE 4/ RACE 1014	SEX	7.	ssn 419-84-9165
NMAT	e's NAME Udams	Un	4h un	4 AIS# 180/27

TUBERCULIN PPD FOR INMATES

() INITIA	L SKIN TEST	. 1
Date Given:	_ Date Read:	6/27
Site Given: L. Forearm	Size:	O mm
Lot #: <u>2424</u> —11		
Nurse: C. Faniel 2ps	Nurse:	C Fariel GN
I have received a fact sheet on TB and have hat I agreed to TB testing by PPD. I understand to administered. I have never had a positive react with TB drugs. I have also been instructed to health department if I am released prior to the	tion to a TB sk	in test, nor have I ever been treated
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
nmate Signature ALAMS		

INMATE NAME:	ID#		•
	ID#:	RACE:	LOCATION:
adams arthon	4 180/25	B16	BUL
			1000

PERIODIC HEALTH ASSESSMENT

L	HISTORY	YES	NO	COMMENTS
	WEIGHT CHANGE (>15 LBS.) PERSISTENT COUGH CHEST PAIN BLOOD IN URINE OR STOOL DIFFICULT URINATION ALLERGIES TO MEDS SMOKING OTHER ILLNESS (DETAILS)		I JUDIU IN	Kennoerd Haldol
П.	PHYSICAL		a pri	RESULTS
	HEART LUNGS PELVIC AND PAP (q 1 yr.) BREAST (q 2 yrs p 30) WEIGHT 139 RESP. 80 HL 5'10" RECTAL WITH HEMOCULT (yearly p 45)	DATE DATE B/P <u>/2</u>	0/80	RESULTS NA PULSE 80 TEMP. 986
ПІ.	TESTING			RESULTS
	TUBERCULIN SKIN TEST (q yı	r.)	DATE G	
-	RPR (q 3 yrs.) URINE DIP (yearly) (GLU., PRO., RBC, WBC	C)	DATE: <	
	MAMMOGRAM (40 and over q 2	2 yrs.) DATE	N	, A
	EKG (baseline at 35, over 45, q CHOLESTEROL (q 5 yrs.) TETANUS / DIPTHERIA (q 10	3 yrs)	4/11/1 19/16 8/1	96 Bordeslune ECG 8/96 8/95
NURSI SIGNA	E'S SHALLSME	R,	hp)	DATE 7/19/96
FACIL	ITY_BCCK_PHYS	ICIAN'	' S SIGNA	
EMER Addri	GENCY ADDRESSEE 216 Berus ESS Shapan adam	um D	Line 4) 1 30 TELEPHONE # 342 - 47 63
	5/5/AGE 40 RACE 15	SEX	<u>M_s</u>	SN 419-84-9165
NMAT	TE'S NAME Odans	uns	lho	y AIS# 180127

Case 2:07-cv-00351-CSC Document 10-2 Filed 07/03/2007 Page 15 of 98 TUBERCULIN PPD FOY LATES

INITIAL	SKIN TEST
Date Given: 7/19/96	Date Read:
Site Given: 243 Conean	Size: mm
Lot #: 24/3 - 11	
Nurse: Atall Smith Lp	Nurse:
I agreed to TB testing by PPD. I understand the administered. I have never had a positive reaction with TB drugs. I have also been instructed to che nealth department if I am released prior to the TB	n to a TB skin test, nor have I ever been treated
Inthony odane	7/19/96
nmate Signature	Date/
SHALL Smell Greature) 4/19/90

DIMATE NAME:	1734-		
Total Marie	ID#:	RACE;	LOCATION:
CON MAD	160160	15/2	1007
Carl than	1/8///27	10/16	1 12(((, 7-)
COM TOC	1,00,00		1 1000
X			

INHU TREATHENT PLAN

	1/41/0/
	DATE: 3/2//96
NAMI	1. Adams Anthony 180127
I.	SIGNIFICANT BACKGROUND INFORMATION
	He of mental health hospitalization(//)Yes()No. He of mental health problems
	with DOC(Yes()No. Hx of self-in tury()Yes()No. Hx of aggressive or violent
	behivior(v)Yes()No. Other:
II.	CURRENT MENTAL STATUS
	(VHild()Moderate()Severe depression. ()No reported depression.()Mild
_	()Moderate()Severe anxiety: ()Mo reported anxiety. Thought disorder()Yes() No.
	Behavior problem()Yes(V)No. Other:
III.	TREATMENT GOALS
	1. Exploration: Melp S explore his life and present situation.
	2. Understanding: Help S understand his life and present situation.
	3. Action: Help S develop an action plan which will solve or reduce one or more
	of his problems.
	4.
	5.
:v.	PROGRAMS AND/OR SERVICES NEEDED TO REACH TREATMENT GOALS
	Meditation and Current Events/ DOC Social Workers.
	Depression Managementy DOC Social Workers.
	Coping Skills and Counseling/ DOC Social Workers and OCI Psychologist.
	Anger Management / DOC Psychologist.
	Stress Management/ DOC Psychologist.
	Medication Management/ DOC Social Horkers.
	Gardening/ DOC Security Staff.
	Exercise DC Security Staff. Other:
:.	STATEMENT OF PARTICIPATION IN TREATMENT PLAN
	I have been made aware of and did aid in this treatment plan.
	Signed: Unthony astoms Date: 3/17/16
	Duned Silber
	OCI psychologist.
	Munice Themas
	Social Worker: Director of IMHU

<u>Distribution</u>: Institutional file Medical File

7

Annual Health and TB Screening for Inmates

Facility Bullock		
Date Given: $5-31-01$ Date Read $5-31-01$		
Site Given: CXR Size in M.M. CXR		
Lot# INH An Part		
Nurse Martha Jackson LPN Nurse Martha Jackson LPN		
Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form.		
I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.		
Current Weight 150 Previous Weight 154 B/P 12018		
Recent chest pain Kitchen clearance assess. done and attached Productive cough Any bleeding Circle Yes or No Yes or No No Yes or No		
Emergency contact Sharon adoms Phone# 334-414-3101		
Address 3920 Burays Drive apt. 101 Mobile al.		
Inmate signature AMThomy Adoms Date 6-2-01		
Witness signature Matthe Jacken Up Date 6-2-01		
DOB 45-56 AGE 45 Race BIK SEX M SSN 4/9-84-9/65		
Inmate Name adoms, anthony AIS# 180127		

PERIODIC HEALTH ASSESSMENT

I.	HISTORY (Nurse)	YES	NO	COMMENTS
	Weight Change (> 15 lbs.)			Last Weight at least 6 mo.'s
	(Compare Weight Below)			ago: 147 /2 last year
	Persistent Cough			Rec.
	Chest Pain	······································	·	
	Blood In Urine or Stool		V/	
	Difficult Urination			
	Other Illnesses (Details)			Electing Celcers
	Smoke, Dip, or Chew			
	ALLERGIES	_/_		Haldal
		ilse		lesp 18 B.P. 13/74
	Eye Exam: Without			20/30 OS 20/30 OU 20/30
	With Gla	assees	OD_	OSOU
TT.	TESTING (Nurse)		R	ESULTS
	Tuberculin Skin Test (q year)	D:		en CXR Site HLO FNH 19
	(Chest X-Ray if Clinical Symptom			6-27-10 Results mm
	RPR (q 3 years)	•	_	1-99 Results NR
	Urine Dip (yearly)		esults	6-24-80
	(Glu., Pro., RBC, WBC)			penatur ×4
	EKG (baseline at 35, over 45 q 3	yrs) _	4_	-11-90
	Cholesterol (at 35 then q 5 yrs.)	_	<u> </u>	19-76
	Tetanus/Diptheria (q 10 yrs)			en <u>8-18-95</u> Due <u>2005</u>
				Dose NA Lot # N14-
	Mammogram (Annually Fe > 49)	Da	ate Done	e <u>NH</u> Results
ш.	PHYSICAL		RE	ESULTS
	Heart		R	ul + At
	Lungs		- 1,X0	Clin Billatona
	Breast (q 2 years p 30)	$\overline{\mathbf{D}}_{i}$	ate 1	K Results
	Rectal (yearly p 45)		7.	NA Hemocult
	Pelvic and PAP (q l yr.)			Results
		_		The states
Inm	ate Name (Idoms, Inthe	ny		AIS# 180127
DO	B 4-5-56 Age 44 Race BIK	Sex_	M	SSN 419-84-9165
	ergency Addressee Shoron a	dom		Phone # 334-414-3101
	ress 3920 Buraugn De		Mohil	
	ility <u>(Bullock County)</u> Nurse Signat	ure <u>//</u>	1 aft	ta Auckson Date 10-24-00
Phy	sician Signature		l Sirke	119 Date 6-24-00
		1		7

I.	HISTORY - (Nurse)	YES NO COMMENTS
	Weight change (>15lb) (Compare Weight below) Persistent Cough Chest Pains Blood In Urine or Stool Difficult Urination Other Illnesses (Details) Smoke, Dip or Chew ALLERGIES Weight 147/2 Temp 98 Eye Exam: Without Glasses	
П.	TESTING – (Nurse)	RESULTS
***************************************	Tuberculin Skin Tost (q yr) (chest x-ray if climical symptoms) RPR (q 3 yrs.) Urine Dip.(yearly) (Glu., Pro., RBC., Wbc.) EKG (baseline at 35, over 45 q 3 yrs.) Cholesterol (at 35 then q 5 yrs) Tetanus/Diphtheria (q 10 yrs.) If Done Today: Mammagram – (Annually – Female > 49)	Date Given CXC. Site Last Taken 1996 Read On Results mm Date 7 99 Results Results Negative X 4 Last Given 8 8 95 Due 2005 en NA Dose NA Lot# NA 36 Date Done NA Result NA
III.	PHYSICAL Heart Lungs Breast (q 2 yrs. P 30) Rectal (yearly p 45) Pelvic and PAP (q 1 yr.)	RESULTS Perulan A Strong Date NA Results NA Results NA Hemocult NA Date NA Results NA
Address_ Facility_	4556 Age 43 Rade acy Addressee Shakan Adam 3920 Burwan	AIS# 180 27 419 84 9165 Sex M SSN 419 84 9165 Phone# (334) 414 3101 DRIVE MODIF ALA. 191101 Signature Cancel Padate 71199 Many Date 71199

HAIRNETS

- 1. Put hairnet on before washing hands.
- 2. Be sure to include all hair, especially bangs on the front of the head.
- 3. Do not touch hair or hairnet when handling food.

HANDWASHING

- 1. Turn warm water on.
- Wet hands.

-4

- 3. Lather hands with soap. Scrub at least 30 seconds.
- 4. Rinse off bar of soap. Replace in soap dish.
- 5. Rinse hands.
- 6. Dry hands with paper towels.
- 7. Turn faucet off with paper towels.

SICKNESS

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on handwashing and personal hygiene, and I understand the need for both, especially when handling food on kitchen detail.

nThony Adams
Inmate Signature

Date

Nurse Signature

Date

INMATE FOOD SERVICE WORKER CLEARANCE

MEDICAL RECORD REVIEW:		
Past history of hepatitis: TB test current: TB test negative:	Yes Yes	D! No D! No
If history of positive TB test, verified completed treatment:		(Date)
PHYSICAL ASSESSMENT:		
Open sores or rashes on hands, arms, face and neck: Has diarrhea: Has a cough: Lungs clear to auscultation: Signs and symptoms of other contagious diseases: Specify:	! Yes ! Yes ! Yes ! Yes	No No No No No No No No No No No No No N
This inmate's Medical Record has been reviewed and he/she has been examined: ! He/she IS medically cleared for duty as a food service worker. He/she IS NOT medically cleared for duty as a food service worker.		
Aloria Rogers Signature	Odie (
•		

NAME:		_		
1 1 1 A	ID#/DOB:			
May Mail	1700000		CATION:	
- Cums, My Any	> 1401 214	415151	CATION 99	1
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<i>y</i>		(/		
,		1		

RECEIVING SCREENING FORM

ALCO I	1
INVIATE NAME.	TE: 8/17/95 TIME: //,50 Am
RECEIVING OFFICERS VISUA	<u>L OPINION</u>
	YES NO
Is the inmate conscious?	<u> </u>
Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for doctors care?	<u> </u>
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?	
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?	<u> </u>
Is the skin in poor condition or show signs of vermin or rashes?	<u> </u>
Does the inmate appear to be under the influence of alcohol, or drugs?	<u> </u>
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils etc)	
Is the inmate making any verbal threats to staff or other inmates?	
Is the inmate carrying any medication or report that he is on any medication must be continuously administered or available?	cation
Does the inmate have any obvious physical handicaps?	
FOR THE OFFICER:	
Was the new inmate briefed on sick/dental call procedures?	<u>√</u>
This inmate was:a. Released for normal processing	
b. Referred to health care unit	
officers Signature	care unit

NOTE: This form is completed at receiving and will be filed in the inmates medical jacket to comply with NCCHC Standard

CC LECTIONAL MEDICAL SYSTEM. CONSENT TO TREATMENT FORM

Name of Inmate

Inmate ID Number / Date of Birth

I hereby give my consent to Correctional Medical Systems, its employees and agents to perform any diagnostic laboratory procedures, examinations, x-rays, oral or injected medications or other procedures recommended by the physician.

I am aware the practice of medicine is not an exact science and I acknowledge no guarantees have been made regarding the result of treatments or examinations performed by Correctional Medical Systems.

I also authorize the transfer of my medical records or copies of said records to any facility to which I am referred for treatment or to any other correctional facility to which I am transferred.

I understand I may withdraw this consent to any specific treatment by refusing the treatment or test.

I sign this willingly in full understanding of the above and release Correctional Medical Systems, its employees and agents from any and all liability which may arise from this action.

Inmate Signature

nandallndreus LPA

Date

Witness



WHAT YOU NEED TO KNOW ABOUT TETANUS

Tetanus, sometimes called lockjaw, is a very serious disease that can occur after a cut or wound lets the germ into the body. Tetanus makes a person unable to open his or her mouth or swallow, and causes serious muscle spasms. People with tetanus usually have to stay in the hospital for a long time. In the United States, tetanus kills 3 out of every 10 people who get the disease. Since 1975, only 50 to 90 cases of tetanus have been reported each year.

Tetanus vaccines cause few problems. They may cause mild fever or soreness, swelling, and redness where the shot was given. These problems usually last for 1 to 2 days.

There is a rare chance that other serious problems or even death could occur after getting Tetanus. Such problems could happen after taking any medicine or after receiving any vaccine.

I have read the above inforamtion regarding Tetanus injections and understand about possible side effects.

Karihony Lo adome #180/1
Inmate Signature / AIS #
8/18/95
Date
Thirty Junes
Witness
Convoyat
Manufacturer Name //
507/122 FXP 20 Mar 97
Lot #
amanda andrews wer
Administered By

N610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inma	te's Name: $ANTHONY ADAMS$ Date: $4-5-95$ Time: $4/5/56$ Officer: $BROWN$ Institution: $B.C.C.I$		32 B
DOB	$\pm \frac{4/5/56}{5}$ Officer: $\frac{BROWN}{}$ Institution: $\frac{B.C.C.J}{}$	<u>E</u> ,	
·	Booking Officer's Visual Opinion	Yes	<u>No</u>
1.	Is the inmate conscious?		
2.	Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		
3.	Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		
4.	Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution?		
5.	Is the skin in poor condition or show signs of vermin or rashes?		\ <u>-</u>
6.	Does the inmate appear to be under the influence of alcohol or drugs?		+
7.	Are there any visible signs of alcohol or drug withdrawl? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		+
8.	Is the inmate making any verbal threats to staff or other inmates?		_
9.	Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		
10.	Does the inmate have any obvious physical handicaps?		
	If the answer is YES to any questions from 2-10 above, specify WHY in section	n below.	
11.	Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		_
12.	Are you on any special diet prescribed by a physician? (if YES, what type?)	·	
13.	Do you have a history of venereal disease or abnormal discharge?		_
14.	Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness?		
15.	Have you ever attempted suicide?	<u></u>	-
	(If YES, When? How?		
16.	Do you want to do any harm to yourself now?		_

PATIENT EDUCATION FOR GENAME: PHONY AIS#: 180			SPECIAL N	IEEDS LLLO(K
PATIENT CAN DESCRIBE OR EXPLAIN:				
DATE: 1. His or her special needs	3/20/03	1/30/03	2303	311/03
2. Cause of special needs	ges	GRO	1100	Cych
3. What, if any, treatments are available			(20)	
4. The potential complications of his or her condition			Les	
5. Importance of keeping follow-up appointments			yes	
6. The effect of smoking on his or her condition			GRO .	
. The effect of alcohol on his or her condition			(xos)	
8. The effect of exercise on his or her condition			URCS	
9. Own medications			400	
10. I-nortance of taking medication(s)	in.		WW-	1.
11. Ways to remember to take medication(s) Comments:	(Jamsipi)	Opma	Clomy	Chop
Comments.			. 0	
		,	<u>, , , , , , , , , , , , , , , , , , , </u>	***************************************
		,		

PATIENT EDUCATION FOR GENAME: Adams Anthony ais#: 180	NERAL MI		SPECIAL TUTION:_	needs Juliot
PATIENT CAN DESCRIBE OR EXPLAIN:				
DATE:	415/03	5/10/03	6/12	7/10/03
1. His or her special needs	401	Ya	JR)	400
2. Cause of special needs			101	Chr
3. What, if any, treatments are available 4. The potential complications of its treatment and the second s				40
4. The potential complications of his or her condition5. Importance of keeping follow-up appointments				
6. The effect of smoking on his or her condition				100
. The effect of alcohol on his or her condition			+ -	102
8. The effect of exercise on his or her condition				100
9. Own medications				1 90
10. Importance of takin medication(s)			1.	Jes -
11. Ways to remember to take medication(s) Comments:	Clores	Agn	COX	W/o /s
	U	,		1 0
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HEALTH CARE UNIT PATIENT INFORMATION SLIP

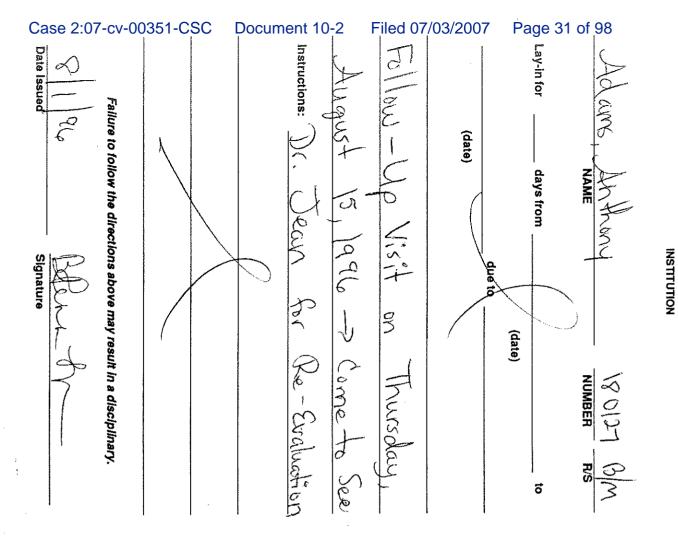
		I(CI			
		INSTITUTION		_	
		м 9			
ADAMS, ANTH	ONY			180127	
1133111107 111111	NAME		1	180127 NUMBER	R/S
Lay-in for	days from				to
			(date)		
******		due to			
(dat	e)				
	-				

	77	7.50			
Instructions:	REPORT	TO THE ER	ON 8	/25/95 (a
-	KDI OMI	TO THE BR	011 07	<u> </u>	
0600, FOR C	HRONTC C	ARE CLINIC	_		
0000, 101 0	IIKONIC CI	IIICE CESTIVIC	•		
	***************************************	· · · · · · · · · · · · · · · · · · ·			
		20/710-011-10-011-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10-01-10			
Fallure to	follow the direc	ctions above maj	y result in	a disciplina	ary.
					,
8/24/95		P. Evans, I	RN, BSA	[DON /	PE
8/24/95 Date Issued	· · · · · · · · · · · · · · · · · · ·	Signature			-
				/	

Case 2:07-cv-00351-CSC Pallur Fallur Fallur	Document 10-2 Instructions:	Filed 07/03/2007	Page 29 of 98 Lay-in for
Failure to follow the directions above may result in a disciplinary. C. LOPEZ RN M.H. SUPERVISOR Signature	S: REPORT TO THE MENTAL HEALTH CLINIC	to the Cathle Rinch From Luby	NAME / 180/27 NAME / NUMBER R/S days from (date) due to

11 15 3	S-N-9C Date Issued	Fallure to follow the		tak 40ce	Instructions: Min ;	(date)	Lay III IVI Qays Irom	fsw
	Signature	Fallure to follow the directions above may result in a disciplinary.	, i	X PAIN	M Susy		due to (date)	thony
:	a. Son &	t in a disciplinary.		90 days	26 and		to	NUMBER RIS

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Case 2:07-cv-00351 Failure to follow the directions above may result in a disciplinary. Date Issued Signature Signature	Document 10-2 Instructions:	Filed 07/03/2007	Page 33 of Lay-in for a days from 7/3//02 due to
ay result in a disciplinary.		Aor 3 days	NUMBER R/S to (date)

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CDate Issued CSC Failure to follow the direc	Document 10-2 10-2 10-2 10-2 10-2 10-2	Filed 07/03/2007 (date)	Page 34 of 98 NAME Name days from
Failure to follow the directions above may result in a disciplinary. $ \frac{\partial -19-03}{\sin \pi} $ Signature	t in Kitchen X6 norther		NUMBER A/S to due to

INSTITUTION

NOITUTION

С _{F-53}	ssued	ten/5/03	Fallure to follow the directions above may result in a disciplinary.	-CSC ///3/03 -	Docu X/80	ment 1 At the Auc	O'Instructions: MO M	Filed 0	7/03/200	(date)		of Lay-in for days from	antony alle
	Signature	Vanona Red	ove may result in a disciplinary.	7/13/08	Bep	to Stoner	rackn				(date)	6	NUMBER RIS

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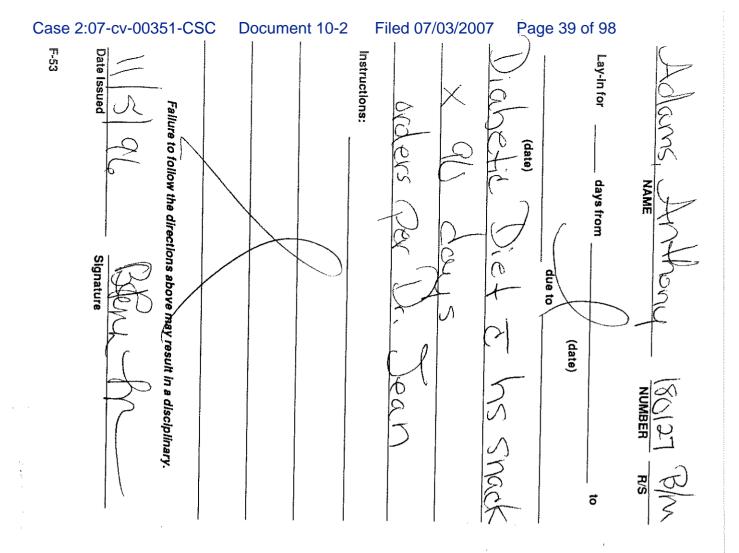
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Case 2:07-cv-00351-CSC	Document 10-2	Filed 07/03/2007	Page 40 of 98	,
Fallure to follow the directions above may result in a disciplinary. C. LOPEZ RN M.H. SUPERVISOR F-53	ON 8-24-95 WITH DR. SANDERS		Lay-in for days from (date) (date)	ADAMS, ANTHONY NAME
t in a disciplinary	HEALTH CLINIC			180127 NUMBER
	C		5	R/S

Case 2:07	7-cv-00351-C	SC D	Oocument 10	-2	Filed 07/03/2	007 Pag	e 41 of 98	1	
Case 2:07 Date Issued Signature	Fallure to follow the directions above may result in a disciplinary. P. Evans, RN, BSN, DON, Constant of the constant of the	SC D	Document 10	nstructions: REPORT TO LAB ON	Filed 07/03/2	OO7 Pag (date)	Lay-in for days from	ADAMS HATHONY 18018	8 /
	iplinary. $\frac{\partial \mathcal{N}}{\partial \mathcal{S}} = \frac{1}{2} \frac{\partial \mathcal{S}}{\partial \mathcal{S}}$			7			5	S/N F	

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DIET CARD

NO. 180/27

DIAGNOSIS REQUIRING DIET START DATE 3/12/96

F-54 ®ev 1-94

Original-Dietary, Ivory-Imate

Adams



Date/Time	
7/10/04	S- No unbre Clo.
0820	O- alect ex recetal, up again, Pointake good, autout
	O- alect ex recetal, lep ad lik, Po entoke good, autput good, Mag assessment done. No recesse yo. —
	A- altiel Realth Status R/+ dy -
	P. Moutor es facew plan & lace. Estrecen
7/10/04	5. No verbal 40.
16:30	O-ALODB. UP ad Lib in cell. P.O. inTaxe LOUTPUT good
	SKIN WNL. NO acuto distnoss noted.
 	Art in health STaTUS AJT Op.
01/1	P. CONT P. D.C. a. Boswell RN
-//// 04	5- No amoland Voices a this Units
0630	0- 110 S/SS outs distres went a present,
	Jan with 1000 cm
	A- Alt Confort Und left health State
-//-	B. Minite will and, Alleyn
1 - 1	S. No weetae Co.
8Am	O- Ferrains on respisalation. Pourtice good. Output
	Good. Plag assessment done. NAA.
Mular	A- Ultered hoasth Status Pt der. & Freeze Pul
17 m	0-10 newal complaints a freshor who.
1700	S- No nerbal complaints @ prexent time. 0-A+0x3. Upadlip in cell, Beap reg & lase. No acute distress noted. Bemains or resp isolation.
*	A- attal a hasting of the last
	A-alter health status LIT dp. — P-Cont glan of case. — Odelista
	11 win from of cure. (Wellsige



Date/Time	
7-7-04	5-"I ready to go," "I thought we'll be
1500	out of here before NOW."
	0- Alert let object x3. Skin w/D to touch
	Resp reg & ease Ambiliate in cell ad lib
	NAD NOTED
	A-altered health status MT Dx.
	P- COUTINE Plan of care Ulwersfor
	3-0 nerbal compaints
	Q A+O X3 Ambulate in cell ad Lib
	Odistress NOTED
	H-Albert Dealh stadus RIT, DX/
	P-POC Continue, - Continue
1/2/04	S-20 verbal complaint voicede prodent
734	10- Lyn supine in lied, E enes Closed
<u> </u>	Resp. next case NAD noted
	A-alt, Resp. States RT DV TO
= 1 1 1 2 1	Duillent Plan of Care, S. NayAmpy
1885	JYO GO VOICE
182X	5 10 C M SUD DOTTU
	Second Contract
	THE WAY IN TO MAKE
	PI DELLAMONDO
	KKIN DUSING USDINGT
	H-4CT ON YOUT IONNY
- ¹⁰⁰	



Date/Time	
6/21/04	9-No complaints poice.
1600	0-A+0 x3. No acate distress noted. Up
	adlik. Bespria et eper.
	A-Pot alt inderment RIT dx -
	P- Cont POC of observation a Willista
6/22/04	S- No go Voiced.
110-74	O- Delepmont Johift; Casily aroused. ANX
	Resp rego case. No 5/5 distrebb motecl.
	A-oot alt in confort R/T DO -
	P cont DOC William
4/22/04	S-no verbal complants voiced e present = 0-Resting quietts, in hed, AA+DX3 rop. Z lose
0700	O-Restingquetts, in hed, AA+DX3 resp. Z lose
	NAD noted
	A-alt. Risp. States RT RX TB
	P-vive cont plan of care - Sivarchia
6/23/04	S: no go curicia e phisenh
1Am	O; Risting in luch. Respeller + @ laux.
	base spin color. No acute distress notes.
	a: fat all in composes RT DK.
***************************************	P! Cent Goe - againser, P. N.



	·
Date/Time	
6/23/04	5- no verbal complaint using e present -
0700	5- no verbel Complaint average e present D-Resting quiety z erze Closed, Roop Agg Elense
	NAO O O
	A-aet. Resp. Status RT/OH TB
	P-will cont plan of care - 5, Varghypn
relaylog	18-No Go Voiced
	1eg o case. Skin w/o to touch. No 45 distressmetal
	leg o sace. Skin w/o to touch. Noss distresonated
	A-alt healthmeunt you
i i	Do cont por Kellyfinger
Celaylox	3-NO Clus voiced
//	10 - PESTING Quietly RESP PEASE Skin W/D 10 faver ASDUS NO Acte DISTUSS NOTED
	A-AH KC RIF DC
	p-Contre plan y care - Coffeel
10/28/04	S-No go vorced.
110-77	O-Alegan bedjuespage ease. Spin w/p to
	Frich. Mosk distress notod.
	A-Alt Health Meint,
	p- cont DOG PSHY, UPN
LAGEDA	15-10 CO 101CO
TIAC	13 (O GEORGEO NOTEDIA)
(Beneral condition of this
	turting nAID rottell . Remain
INMATE NAME	(LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
1 4	Idams, Anthony 180127 415/56 B/m KCF
PHS-MD-70049	Ci ete Both Sides Before Using Another She

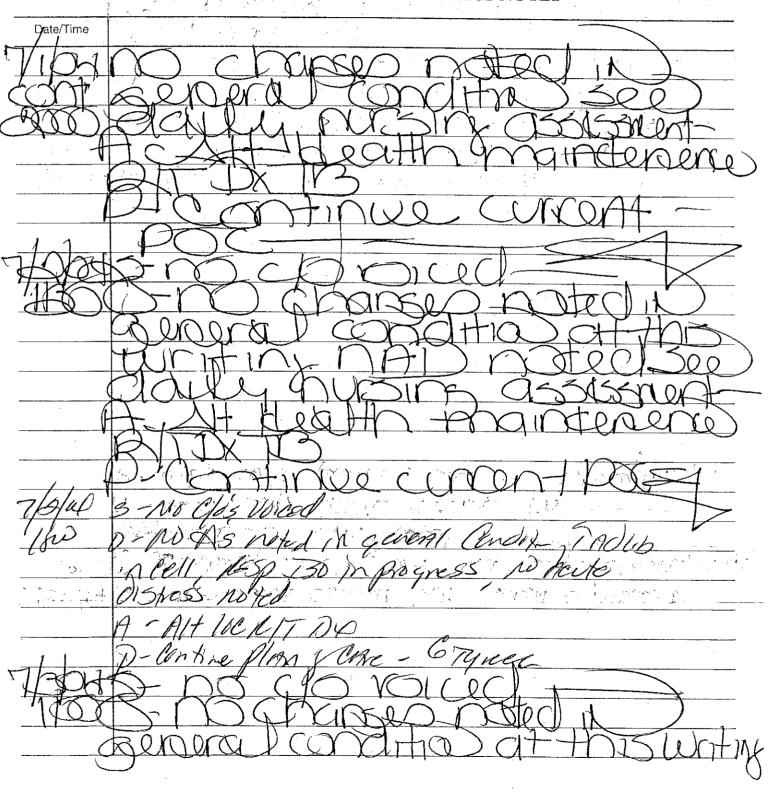


Date/Time	
6/27/4	5-l'm slergy
02/0	2-alert toewal remains on Contrect isolation
	for TiBi percention.
· .	
	P-Potential altin Comfort RITAY
6/27/04	S- No verbre do @ This time.
0915	O- alect & Brentiel. Rentins on Kesp. isolation. up ad like.
-	Po intoke good, autput good. No acute distens. NA
* Links	assessment done.
	A Olter heart States of de -
	P. Moneto es facen plus y care. Etullan
6/27/04	S-No complainte noisede grevent
1800	O-A+O x 3, color WNL. apallit in cell. Remains
	on resp. isotation. No acute distress noted.
-	A-actived health status, R/T dx.
1/1	P- Cont plan of care Avillos you
6/8/Y	To Comments
UZWA	O- Kesting, genetty on rounds; Centime
	Gulatin TX. for T-B. podeston noted
	A-polestial alt. due to pop
	P-Central E Pro-C - My
INMATE NAME (I	LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
Adams	Another 180127 4/5/56 BM KCF
PHS-MD-70049	Complete Both Sides Before Using Another Sheet



Date/Time	Witch all to comfut RTDK
	P' Cont POC - affection P.N.
7/5/04	Di Por alk in comfut RTDK. P. Cont Poc - affectson R.D. Si no Co Usiced Captesent -
12 Am	Di Resting in Ged. Resp lyen to lase bear
1	IRN colar. no ajute dishess Kolen.
	Per alt in Comfort IT DX - P.D.
1 1 1	Cont POC - a Juksen Fin.
7/5/04	S- no verbal Complaint Borred e propert
0700	D- Resting quety in hab, Eliza Closed.
	(low, next & leve NAO
	A- old, Keep. Status RT Dx
	P- will cont plan of Care - Si Vauxon, Wor
7/5/04	S-No verbal complaints at Present.
	O_ATOWS. WAd Lib in I so cell. Skin WNL. APPENTE good.
	Medications givers as per ordered, lesp Iso maintained, NAD,
	H-AIT in thath STatus RITOD.
-1/	P- CONT PQC - Or Boswelley
7/06/04	5-None voiced at this time
- Πρ- 7A	c-Roleepurbed, papily aurood. AAOV3. Respreg
	Close, NOSS distress no Cel.
	A-Alt Health Maint R/T DX- P cont plang care— PYffun
	on pany care-
	<u>/</u>







	HAPIRMARY NURSING PROGRESS NOTES
Date/Time	
W/8/05	5-00 (b) (c)
1300	In a named without
	reneval Condition of this
	extens 1 HD notect 500
	TOUR OSISMONT
	The an courted by hopp
	The strong current man
6/19/04 5	+D: Voice & to Complement, Pt li
HA R	eaps ref + even to case. Cola WHL. I amb en all ad lib.
A	altered level g compart e/T esolation
	: Cont. Poc
	- No ruebal co
1145	- alut ex rectal, Ocented. Rengen en respesabletion.
	- Po central good, allfact good. Msg assessment glore.
	estated reach states of all
6/19/W 3	- Moneta ex feelen plan y care. Equeur
200/0	- 10, Acute AISANSS Clas Wice of - AZDY3, KESP EXTE, Skin w/D to touch
	Win Color WAL Isolation The section
1/1	2-Alt be K/7' DX
	1- Centina pla glace - Greek



jógle/Kryley/	S-NO Complain Voice & His Vine
1. 1400	O lip + about a unit I so proplems sold.
	A- Alt confro level B/7 feelth Stur
	P- Mento will card D. Collongh
6/15/4	S-I'm alight, want out of here
070	alent werbal, contributed in cell
	remains of Contact egulating for Tib
	A- potential alteration in Comfort RITAR
	P-Continue Poo. C.
6/15/04	13- no complaints voiced.
1800	O- alort x 3. Keop. T laso. Kesting quietly in heal
	c eyes the open. Yo distress motor.
	A-Old. in comfort 8/T Dl.
	P-Continue, plan of care. — a. Dulanesappi
6/16/04	18-Octo voiced a this time.
0300 Cont	O-Resting quietty in Ird Skin color good. Resp. reg.
	NAD moth
	A-Adt localit Dx.
	P Elan of Eare Continues. N. Jones
Celleloy	5 l'in dans of want all of here
070	Dalut + mentral, no acute distur
n	noted remain in Central isolation,
	The
	A- Postertial altin Comfort RIDA
	Plantine Poc-



Date/Time	
6/10/04	S- Hen Durse Does are you, I'm OK-
0800	O-Rosting quietty in hed, lovely aroused
!	rosp, ros, Elmb NAO noted
	A-alt, compost RT By POTB
	8-will cont Plan of Cone S Washinger
6/10/04	5-no 10 Compliants
2100	O-tamb is cell ad less sky wia
	RespEdane NAD Arted
	A Dot got in Confort Mirds fait
6/11/04	540: Pt lying on bed = eyes clisted. Response even whege
	lase. Shew Worm & day war WAR. FI Ties been
	asley throughout most of shift
	A: altered level y comfect ett esolution
A 1 (p: Cont. Poc x O. Klegin -
	5-were OK
073	
	reven on resp. uslation, no acute destress
	A patertie D. act in Combart RITAL
<u> </u>	10 Compared to the state of the
	fre comme
INMATE NAME	(LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
1 ada	no Anthony 180127 415/56 B/m/ KOF
PHS-MD-70049	mplete Both Sides Before Using Another at



Date/Time	
6/9/04	Sto: Pt lying on bed & eyes classed. Responent neg & course.
0330	Skew warm + dy. Color WAL. NAO noted.
	A: altered level of comfact to die.
	P: Cont Plan g Care.
6904	5-no verbal complaint voned & present
DMOD	O-Posting quietly in loo, losily moused, Map.
	neg, E eure, cerepted PT, meds
	A-alt Resp. Status RT Ry TB
	P-will Con't plan of Come SiVanghorfor
6/9/04	J-No 40
2130	O-peshing a bedequify respregt ease
	MAD noted. awake a present.
	A. And alt in Consort to detB
	AP.O.C Contly Clarely
1/11/64	5- no your complaints a this dine
4/10/0-1	D- Shi NIO ren 5 es. no S/SS out distri
Annual Distriction of the Control of	white the fine sall.
	A- Alt confort blank E/T health stay
	p Min & Cash
	- Markey Vivie - John State - J



Date/Time				, , , , , , , , , , , , , , , , , , ,	
6/4/04	S: Voices & complembe.	· ,			and .
	O: AAOX3. 1 Cemb en cell a			euen	4 Rey
	Shen ween + dy Coler.	WHL.	o accel	deli	200
	A: all encompat et des	Calien			
	p. Cont. POC.				O Agen
6/4/04	S- no verbal complaint	to Vince	de pr	- trial	
60700	O-up elilin cell, R	sp. n	& TUN	2L NAY) -
	A-alt, Resp. Status RT	DY T	<u> </u>		
11/	S-Me e/o nouced.	lane_	<u>S</u>	Nappn	Why
6/4/04	5-9/2 e/o nous.	- 10 /		1.7	
1800	0-4+0x3.4pmc	llas	lilet.	46 a	well_
	resp distress hoted.	bode	- / a		
	A - alteration in comfor P- Cont focand elises	T P	dy.,-		× 10
6/5/04				(POINUL	Shop-
<u>610009</u>	S- no complainte @ che				0
	De up + about in cel. No appearent dis frece			e per	9
	A - attred communication			`	
	P- continue plan of equ				
6/5/04	5_No venbal c/o.	8	-000		
73704	O-Atop3. Up Ad Libin iso ce	11 Para T	· · · · · · · · · · · · · · · · · · ·		d:
11200	Apperire good. No acute distants T				
	A-AIT in Health STATUS R/T D'		7413 77711		
	P-CONT POC		Bosnet	DRN	
INMATE NAME	(LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
aclams, anthony 180127 4/5/54 B/M K				KCF	



Date/Time	
5/31/04	S-No complaints poiced.
1700	O-Ufin cellodlib. No acute distress not b.
	A+OX3. Color WNL.
	A- Alteration in comfort,
	P- Cont plan of care (2: Mills) (b)
6/01/04	S: Voices & Complaints. O: AAO x3, pand en waro cell ad leb. Respo are
0300	O: AAOX3 pans en war cell ad leb. Reson are
	even & reg & ocese Sken warm & dry. Color WHE Specter
	Deemple Les AFB Obtained. NAD.
	A: Alteration en Comport.
 	P. Cont. POC Delan-
6/0/14	S-I'm dong O.K who do we get out
nus	O-alast trailed, ombiliting in Cell,
	Nevan, or isolation pertil protocol
	A-petentil actin Confort RETOR
2/1	p. ant. poc
6/2/64	18-15 c/o worked a this time.
<u>b600</u>	O- AED 23. Stim W/D. Color good, Kesp Tease.
No. of the Control of	Remains on Isolation, NAD noted,
	H-Alt. loc. LIT Dx.
	Plan of care Continues, N. Droc
6/2/4	5-d'mok
_ 0 Nov	alest yenter no ocute distress noted
	ambrilatoy on cell, umais on isalation T. S.
INMATE NAME (L	AST, FIRST, MIDDLE) DOC# DOB R/S FAC:
Udan	180/21 4/5/50 M Ket
PHS-MD-70049	Complete Both Sides Refere Using Another Chart



Date/Time	
KIXOS	DUSING OBSIGNATION
dan	A-POT-BUT COMFORT PADA
	P-Continue curcenties
5/20/24/	
5/28/04	5- 40 complaints voiced.
	De alert v 3. Resp. a care. flosting quietly in ted
	A left in beath status 8/7 DX.
·	P-Contines plan of core. — O. Dulagare
5/29/04	0 1/10 00 .
110-01A	0- Adoep in bed, easily arrived. Respress case,
	No s/s distress noted.
	A-Alt in Health States Pt Dra-
	P-cont. Plang care
5/29/04	10° 40° 10° 10° 10° 10°
0905	D- Remain on seep isolation to RoTB. Pountile good, Octput
	good, No acute disturs Nated.
	A- altered heaves Status Rp dy
V-************************************	
5/29/04	P-Monter certaelen plan gene. E. Freee, Pu
1000	O-In thouse up
1020	Just the ard for wa. I da see . no enems
11.1.	rested like 10 levation.
	- Det Glt. in Confact Kit Or
	Defl.O.C. Cont. De Thousan you NIV- Stapes
INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
Itch	ms Josephan 1881 45 pt BM (KF)
PHS-MD-70049	Complete Both Sides Before Using Another and



Date/Time	
5-26-04	5- l'in Okay
2000	5- L'in okay D- Alert et Okeet x 3. Skin w/D to touch.
	NO resp diction noted.
	A-atleration in comforts P-continue POC et obsentation - Udroens
5/27/04	S+O: Pt lying on had a eyes closed. Respo even & reg &
5/27/04 0400	Sto: Pt lying on had a eyes closed. Respo event rigo E ecese. Skew warm / clay. Color WNL. NAD noted @
	The same of
	A: alt en compat leul R/T esolation
	P: Cont. Observation D. Deagni-
5/27/84	A: alt en comfat leul R/T esolation P: Cont. Observation D. Llagen S-I'm day OK its hot Qualit overland no acute distres noted authologies would remain an
0738	Qalut overlal, no acute distres
	noted, authoratory in word, remaining
4 10 1011	Confret iso resp. TB protocol
	A-potential activation in comfort RITROP
	P- Centrue P.O.C. Style
5/28/04	5: Voices & complaints.
0500	D'AAU 13. Resps luen + reg & leese. Shen woumfdy,
· · · · ·	Color WNL Sputier Collected for AFB. NAD.
	A: alt in comfat level et Isolation
	P: Cont. Observation Longier
DHISO	TONO COVOICEU
24	1-Kemain xx 118 parauton
	I)HDNOTICI. DEL CICULI

DEPARTMENT OF CORRECTIONS

DATE	TIME	REMARKS AND SIGNATURE
	•	
<u> </u>		
	14-)	
	· · · · · · · · · · · · · · · · · · ·	
		• •
:		
IE (Last, First	, Middle)	AIS # DOB RACE/SEX
		Anthony Als # DOB PACE/SEX

	Case 2:07	7 -cv-00351 -	CSC ³ Do	cument 10)-2 F	iled 07/03/200	7 Page	59 of 98	3-11
	Case 2:07-cv¹d0351-CSC³ Docum²cht 10-;				Time	17400			
	Assessed by (initials):	RB				Assessed by (initials):	RB		
	Alert					Temperature: Warm			
	Oriented x 3					· Hot			
ns	Disoriented					Cool			
STAT	Lethargic					Turgor: Good			
TAL 8						Fair	1		
X EN	Cooperative					Poor	-		
BEHAVIOR/MENTAL STATUS									_
EHA	Combative/Uncooperative								
<u>co</u>	Anxious					Moist	 		
•	Depressed					Color: WNL			
					2	Pale			
	Clear				SKIN	Flushed			
	Slurred					Cyanotic			
당	Rambling					Jaundice			
SPEECH	Aphasic						1		
	Inappropriate		-			Edema (location/amount			
					İ		 		
	Moves all extremities								
ENT	Weakness					Free of pressure/irritation			
VEM	Trouniess	· ·							
SENSATION/MOVEMENT					NGS	Tube feeding/Type:			_
ATIO	Paralysis				TUBE FEEDINGS				_
SENS	Paresthesia				8E F	Bottle changed			
, , , , , , , , , , , , , , , , , , ,	CMS intact					Tubing changed			
	Bedrest					Restraints: soft wrist/pose	у		
	Turn q 2 hours Se F				-	Call light in reach			
ES	OOB (chair)					Bed in low position	1		
ACTIVITIES	BRP				SAFETY	Siderails: up x 4			
AC.	Bedside commode				-	Ambularm			
	Ambulate				-				
						Decub. mattress/pad			
	Complete/Assist/Partial				ОТНЕВ	TED hose: knee hi/thigh h			
	Shower/Shampoo				Ιο	Remove 30 q 8 hours	1		
	Oral Care				(0)				
HYGIENE					ÖND	Checked on rounds			
HYG	P.M. Care				NURSING ROUNDS	Respirations unchanged			
	Peri-Care			· · · · · ·	Ž				
	Self				DN.				
	Doctor's visits					Acceptable normal		χ Within r	ormal linits
INMATI	E NAME (LAST, FIRST, N	MDDLE)				DOC#	DOB	RACE/SEX	FAC.
A	dams	Anth	iony			18087 L	5:56	RIA 1	VIF

ľ

PRISON HEALTH SERVICES INCORPORATE	PRISON HEALTH SERVICES NEORPORATED NCORPORATED Date 7/26/04								
	7/26/64	11-7	7-3	3-11				7.0	
	Time	6400		3-11		Time	11-7 · · ·	7-3	3-11
1	Assessed by (initials):	23				Assessed by (initials):	QB		
	Quality								
	Normal								
	Shallow				IAGE				
	Deep				TUBES AND DRAINAGE				
	Labored				AND (
	Rate - WNL				BES				
λ¥	Slow								
IRATO	Rapid					Wound healing S inflammation			
RESPIRATORY	Sounds - Clear					Dressing Dry & Intact			
	Abnormal				VGS	Dressing Changed			
	Cough - Productive				ESSII	Size			
	Non-Productive				WOUNDS/ULCERS/DRESSINGS	Туре			
	Humidified O2 Therapy				LCEF	Location			
·	L/Minute				VDS/L			-	
	Incentive Spirometer				NOU				
Suctioning-Oral/NI/Trach					.				
	Abdomen soft & nondistended								
 <u> </u>	Abnormal								
ABDOMEN	Bowel sounds - Active				TREATMENTS				
AB	Abnormal				EATM				
	Pain-Tenderness				E				
	Regular								
ш	Irregular					Bottle #/Rate			
PULSE/RATE	Strong	1							
S-ULSI	Weak								
	Apical				JAPY				
	Radial				I.V. THERAPY				
(0	Patient Teaching				l. Y.				
REFERRALS						·			
EFEF	·					Site and Rate checked			
L						every two hours			
NUF	ISE'S RA	11-7		LPN 11-	72P	mondy	11-7		
SIGNATURE:		7-3		7-3	7-3		7-3		

DEPARTMENT OF CORRECTIONS

DATE	TIME	REMARKS AND SIGNATURE
4/10/96	0750	admitted to infirmary trans orders per
		Co chect pains 15 on admission P/P 100/70
		JOHN CHEST (1800)
		P84 P20, do some dingines while standing
		The same of the sa
******		50mg quen po as ordered. No acute dieres insus
	0850	EKG done par K. Scott, RNBRench
	0930	Med peried. Cappitate Jan. Bruh
	10130	Resting quietly in leid. Respropet & ease
		No hidreso inted. Before
4/10/96	2000	Easily awakened when spoken to. Alerbet
		oriented x3 (knows year but not day). Resp
		uget & lase Denies any 40 descomfort
		@ present time Sheedke
	-	
-		
\$		
JAME (Last, Fi	rst, Middle)	Anthone 180127 4556 BM
34	(C)(C)	



Date/Time	
5/25/04	you man from Bullock Co. Admitted
330	to SWI 515-A, Amhlating 5 difficilly
<u> </u>	ADOX3 DIE WID Revola, ORap. Mex 20
	Ense med body frame See gaphe
-	for uital Simons Jop MAEUS ho
	ant out a dand strafford larer
	plused in destroy to Moth well
	notify many Shot S. Vayon for
5-25-04	S- Plants Heed. ()
2220	0- Alex et opert x3 sken w/D to touch Resp
	reg & ease. Ambulates 5 defluciates, Abdomen
	SOFT et NON-tender. Bowel sound present & 4 guads
	NAD Notedy
	A- altered hearth Status Pfr Dx.
	P-construe POCU Queos (e)
5/26/04	S: Voices & complaints
	O: awake & alest. Sitting 10 BS eating breakfest.
	Responent reg & evere. Sken warm ldry. Color WHL.
	NAO noted.
	A: alteration en comfact leul Rt explation
= 12/1/	P. Cont. Observation & POC N. L. Len-
5 X6/4	a-Im OR,
0720	alent therbal seman on Control To a 1 & meds
	of potential alter Confit RITOKy P-Contract from
INMATE NAME (I	AST, FIRST, MIDDLE DOB R/S FAC.
L A	1cms, Nolham 180127-15/56 B/m/KCF



Date/Time	
5/30/04	StD: Pt lying on bod & eyes closed Resps event reg o cesse. Shen weem & dry Olor WHL. Pt repused
	Reg o coese. Shen weem & dry Olor WAL. Pt repend
	broukfust per officer. NAD noted.
	A: Pot. alt en compert level Pt dx.
	P: Cont. Pac
5/30/04	S. No neutre Co ether time.
0900	O- Remains on perp. isolation 5 weeker Cho. Po cintoke
	Good, Bulgest good. See us daily assess went.
	A- altered heath States Pt dy -
	P. Moneter exference plan Jeans. Etuelen Rd
5/30/04	5- No verbal C/o.
·_	O RESP ISDIATION MAINTAINED UP Ad Libin Iso Celli
	AMBULOTORY, SKIN WNL. PO TOTAKE GOOD, ALOBS, NAD.
	A. Arr in hearth status Rfrom.
	P. CON'T POC. TO Boswell RN
5-31-14	S-D Complain Voucil e pund
	I - Sin W/D reg o are Mo diling what.
	A - Alt aufund level 2/7 forthe Sales
1	f- Minte and. Angling
5/31/4	S. I'm alright
0700	@ alut + nulal, no create distros Notes
	News on isolation partis
	A-potential act in Comfort RETOX
	prontine Pacit
•	



,	
Date/Time	
Contini	A- potential alteration in Comfort RITOR
	pl Cont. P.O.C.
6-2-84	B-nocomplaints noiced.
1700	0- apardahout in cell ad lib. No acute resp.
	distress. At X3, Remains on resp. sistation.
,	A- afteration in comfort RTT dx.
	P- Cont. plan of care - a-Willes to
6/03/04	Stopt lying on bed c eyes clisted. Responser area
0400	E leese. Shen warm + dy Coler WAR XAD roted;
	A: alteration en compet levelle d'isolatier.
	P. Cont. POC.
6/3/04	8- ruo verbral complaints voiced e present
730A	D- ligny in led AA NAD noted Peap, Perzonse
	A-act Comport RT Dy R/O TB
6-3-04	S-W Complaints Voiced. SNayman
<u> </u>	
	distress reted. Alert et Drient v3.
	A-alterection in comfort of Tax.
•	P- Continue plan of care - Wireston



Date/Time	S: no clo redeced.
6/6/04	
12mn	skin color. Remain in hesp class. In acute distress
	Institu & This time
	RE Poh alk in comfort RT DX
	R Cont POC - a Jackson R. D.
6/6/ 0000	IS-NO complainte @ this time Il
, 1-)Civ	O- Resting guilley in bad to level
	reaching clase. No apparent
	alosed. Breathing & lase. No apparent distreps noted.
	A- altered comport lead + It omiron mond.
	P-Continue plang avre. Dragis en
6-6-04	3- (no Co Cuaind a present -
1800	O- Presting in Gud Eine clased. Respense & C
	cease. Bood skin color. Remain en besp vlso.
	no acute distress Casted.
	a! Par all in Comport R. Dr
	P'Cont POC - answer, R.D.
	5-no Cro Varied.
124	O-Preating 5 any distress rated. Use hemain in
	progress. no asute distress instead. As Par alt in compat RT DX
	as par all in compart RT DX
	p. cant Poo - a. Jackson, R. D.



D-4-77:	
Date/Time	
6/7/4	S. d'm Dang OK
_0725A	O- alesta mellal grup undrilating in
	Celly une on Resp. iso. R(07.B)
	no evente distres noted
	A-Dolential Cold-in Compost RITAL
	A-Potential cell-in Confort RITOR
6-7-04	St No complaints voiced.
2000	D. Alett it Olient x3. Op in cell ad
	lib. NO acute resp distress nated.
·	A- potential alt in comfort MT Dx.
	P-Continue Plan of Care. Olivers for
6/8/04	S: Voices & Complements.
0415	
	O. AAD X3. Resps ever & rego ease. Skin warm tolog. Color WNL. ramb en cell ad leb. NAD roted.
	A: alt en comfut et de esolation.
10/8/04	1S- NO verbal Complant would a Present
0835	D-ADDY3 Dlan W/D Resp Dec Zemo NAD
	D-Adox3 Dlm-WID Resp rog. Evense NAP A-alt Pesp, Status RT Dy RTO TB
	P-will Cont Plan of Care - S, Varghy per
INMATE NAME (I	AST, FIRST, MIDDLE) DOC# DOB R/S FAC.
1 an	ems Centhany 18007 4/5/56 Bm Kcf
PHS-MD-70049	Complete Both Sides Before Using Another Sheet



Adams, Anthony INFIRMARY NURSING PROGRESS NOTES

S-D Complaint Voluce -
0- polecys a present time on notest
A- Alt Culant like ETT health stand
P- Minds will cont a plan 5 core organ Dealling
- D. Calling & D.
J. No una cho
O- alust ex diented. Up in vrn ad lie. Kennam in
Verp. violatin. Po untole good, Output good.
May assus went done.
A- alled hearth States RH dy -
P- Moneter cer feelen plan of Care. Cycleling Rd
S- Voices no complaints.
O-A+ON3, Up ad lib in room, hemains on
resp. wolation. No acute distress notes.
A- altered health status PfT dp
D- No Ni Allanda Gerra & Allanda To
Sto: Pt lying on bed a pyes closed lesps even a reg a
Roeso Sken warm + day Color WAL. NAD.
A: altered level y comfut k/r esolation.
P: Cont POC. Alfen



Date/Time	
6/13/04	S-No unbal Ch
0900	O- upin kon ad lib. Remainon resp. usalation. Po critale
	good. Output good. No acute duties nuted. Nog assernet
	A. altered heart States Grdy -
	P- Monter es fallo plas 3 care. L'Aucente
6/13/04	5- No verbal 40
18:00	O 210 Ad sib in iso celle Resp iso maintain. P.D. intale
	goods voiding well- NO acute distress moted. NAD.
-	A-AIT in Health STatels AT DO.
	P. COTIT POC a Bosnel RN
4/14/19	5- po c/o disconfort voice
<i>'</i> /	0- Asleys July o ese, -
<u> </u>	A. Alt compat line CIT Color
**************************************	R- Dlan stan - Month last per St. Dolly
6/14/04	5-10 verdal Complaints voice expressit
0900	
	accepted DIN meds were mo Logan Lan
	A-acti Consort Perp State RTDX TR
	P- will cont librar of care - 5 Vardah
6/14/04	S- No complaints noused,
	Q-up in cell ad dir. No cronoccel. MAD.
	A. allered health status.
	P- Cont plan of care of observation awilliston
INMATE NAME (I	AST, FIRST, MIDDLE) DOC# DOB R/S FAC.
Adam	5. Anthony 180127 415756 B/m Ker
PHS-MD-70049	Complete Both Sides Refore Using Another Sheet



Date/Time	
	5- 40 compaints voiced.
6/14/04	O-Obel X3. Kesp. c case. Resting quietly in bed
1800	comes open. No distress noted.
	A-Ottered booth status Rt. Dx.
	P-Continue plan of care- a. Delangapor
6-17-09	S- NO Complain & C present
	0- Sleepin rep 5 case, no 5/55
	de las sets,
	A Alt confut feel CIT show
-	P. Plans Care o Monitor with
	By Elliany & 2
DITA	FONO CONCIONATION
	5 no charge nateur
	Reneral Condition
	Brecation reasons
	MAD noted 502 (Alley
	DIROITA GIOSISTANONTE
	HI LOT ALL COMPONEDA
	HOCOTINUS CURON TRUST
6/18/04 6AM	StO: lying on bed o eyes closed. Place even & Rego eeese
GAM	NAO notod
	B: altered level g confer + MT solution.
	D: altered level g confer + M1 solution. P: Cont POC Lefter
-	
INMATE NAME	(LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
Adams	Anthony #18007 45/56 B/4 KCV
	The State Parkers Charles Angelong Ch



Date/Time
6/30/048 - no verbal complaint voiced e present
0730 0- Resting quietty in led 2 eyes closed, Rep.
nez. z esse was noted
A-alt. Resp. Status RT/DN TB
P- will cont plan of care 5. Vaughn, lpn
6/30/04 5- No complaints voiced.
_ 1800 D- Cled x 3. Kosting quetly in led. Lesp. c east.
A-alfored nesp. status RAT Dr.
P-Will continue, plan of care a. Dula e all
7/1/04 S-Ø c/o voiced a this time.
_ 0530 B- Resting quetty in bed. Skin color With head seg.
I lose WAD Arted:
Att loc R/T DX.
- Polar of Care continues. N' Yopes
100 2 100 VOILED
100 December 100 m pecination
with pack and rold disting
mulling Carlon (141)
- POR COUNTY NOTES
THE COUNTY MAINTENANCE OF
The Contract of the Contract o
THE TO TO TO THE
INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOC# DOB R/S FAC.
Adams, Anthony 180127 415 Is 6 Blm KCF



Date/Time
MODINAD NOTED See daily
CONTINUE COSTISSIN ON THE
H-10-10-10-10-10-10-10-10-10-10-10-10-10-
Deliving Children
7-3-64 S. no Co Cereiced.
2000 present free faction
Bood skin color. (no acute distress)
noted Ephesens.
al Por alher Campus RT DV
Picant Pac - Q. Orighting en
7404 Si no Co Cupiced.
O' Ploting en led no aute distress hates.
a: Par allicen comfort RT Do
The Cont Pal a Richard R.D.
Thomas Control Control
COSCO FORSED FITEUR
Low led Condition DAI)
ACTOR SOO CICNEDITIONS
CASON OLOH
A-THE ME THE
THE CHUIT
114/04 S- no co Curred & plesent
2000 O- aller & Chellert. Tesp unlabured to
acute distress (noted -
INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
adams, arth nen 180/27 4/3/36 Bm Ker
PHS-MD-70049 Ct. aplete Both Sides Refore Using Another She



Date/Time	
6/28/04	S- no unla complaint voiced e this time -
0740	O- Resting quietly in hed Zays Closed, lasily
	anoused, Resp. reg. 2 lose NAD noted
	A-alt. Resp. Status RT DX TB
	P-vive cont plan of Care - Si Vaughn, won
6/28/04	S- O Complaint varied & president
	O- while lying in bed to so proflers with
	Roy ry to the to de from present
	D- Alt Cuft & level & 17 health States
	p Month will Cont you stiff. Illyn
6/29/04	S- no untal Complants voiced e present
0800	0- Sitting up on the side of the led upo
	rospinez dase
	A-alt, want Resp. Status 12T Dy TB
	P- ruis Cont Plan of Care - SWarfm for
6/29/01	15- Monerval Complaints.
1/800	0- Pletting quetty in hed. I to acute hisp distress
	Nobel Gelmans on Map wetation.
	A-fox all in health plates HI del-
-1-1-	P- Cont plan of care aWellisten
6/30/04	C-Naconina
	0-Aslepu bed, easily around. Respreg to can.
	0-Aslepin bed, easily around. Respreg to eas. No s/s distriss noted. A - Alt Resp Status ett DX.— D- word plan of care,— Resp Status
	12- cont plan of care, - 1844 Jul



Date/Time	
(195/a)	on 1B occaution see
Conti	COLLED DUCOIDS OF STATE
· .	HIT, CIT CON HOST PALL
	- Continue Corcertification
6/25/04	S- Cno Co Cuard & plesent
2200	D: allut & appellent. Resp uerladioned. Mo
•	asute distress wold.
	a Par all in camport PT DE -
•	P. Olnb (poo _ a Jackson P.D.
4/24/04	5- No complaints varied
6500	o- Alest + ceneited X3. Elle war + dy to touch.
	Resprações even + mildon J. TB precautes in progress.
	No distress noted.
	A. ALI LUL RITDX
	P- Contine plongane - May
6/24/04	5- 40 autre do a the time.
1210	O- aleet ix weetal. Leman on beep isolation. La entale good,
	Witput good; No acute disturb dated Asy assessment dere.
1. 1. 1. 1. 1.	A. altered hearth Status PH ary -
.,	P. Marta ex Jacon pen geare. La Freelen W
10-71-0U	S- Do Warbal Complaints
1800).	0-alert et verbal. 1 in cell ad lib. Slaw w/ A to
1,000	fouch. NAD noted.
	10 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	A- aftered thealth status PT DX. P- Centinue POC. — U Owen for
	1. conserve per



Date/Time	
6/20/04	S- & do voiced a this time:
०4ळ	
1.467	reg. C. Dase Remains on hesp precautions, NAD moted.
	A-Alt loc K/T DX.
	D-Plan of Care continues. Notones
	5 Am hetter, want out of here
13800	D'alett uestal, ombelatoy on Cell,
· · · · · · · · · · · · · · · · · · ·	no acute distres voled pensing on isolation
	A- potential alt-in Comfort RtT Do
· .	p-Contrain plan of care the
6/20/02/	5- no Co reside e present
1600	0 - ato x3/ Respected + ciecus, bound skin
The state	Color no acute distress Croted
*	a - Pak alk in comfort PT DX
	Propert Pole a Jankson, R. N
6/21/04	1 8-lande line and all
0300	0- Resting in Great. Eyel Closed. Rapilered & clower.
	Good Skin calar no auto distress (notice).
	a. Par all in compart Kt DX
· · · · · · · · · · · · · · · · · · ·	p: Carl Poe - a. Jankson P. N.
6/2/14	S- I'm doing alright
0715	Q abstruetal, remain on isoper T.B. yardisting rolet
	A-politat all in Comfort RIT of
	1 P- Centinue P.O.C.
INMATE NAME	(LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
Hazi	ns, Hothory 180127 4/5/56 0/m Ref
DUC ND 70040	Complete Dath Older Defens Helm Another Obert



Date/Time	
2/6/04	S-no verbal Complaints voiced e present -
0860	0- up & lih in Cell NAP noted Resp = lease -
	A-alt. Resp. Status RT Dy TB
_	P-win con't plan of care - Swayman
7/10/04	5- Me complaints voiced-
2100	O- Kesting quietly in bed a sign closed. Kesp-e
	case. de distress roted.
	A- altered year status DV. 78
	P-Continue plan of care a. a. Delight
7/7/04	S-8 do voiced a this time.
0400	O- Quietly resting in Ired. Stim W/D. Resp. C. Dase.
	NAD Stated
	A-Att loc R/T-DX.
	P-Plan of Care Continued. N. Jones In
IMPe	5- no co voice
905	STEEDER TOUGHT. THE
	TOTAL CHILLING
	WOOD TO THE OF MEN
	TOUR DICTION XI TON
	BICCOSTINICO CLISCOSTINICO
	P-Cutting Continues
And the second s	
INMATE NAME	(LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
	Pdans, anthony 180127 4/5/56 B/m KCF



Date/Timer
780112 Continue current text
7/9/04 S-0 Complaints
1 D- Ato V3 Resp Clase Sky
WID to fouch Restrug wetly
with ones closed NO distress
A-AIT IN Health Status RIVOX +
, b-continu POC - PRINTER
1/9/4 S. I'm Reling better
0710 @ alestanestral, mois on stalation, 40
distress notely Ambrelatey in seel
A-Potential alteration en Comfort KTDy
D'Continue P.O.C.
1901 6- No complaints voiced
1800 O- Alest it oriented x3. Kennains on TB
precauting. Anoulates in cell ad Deb NAD
Noted.
A- actored Realth Status 47 Dx.
P- continue Plan of come. Ulwerson
1/10/04 0410 5 - No complaints useed
0. Atox3. Respectus event volabre 2; SICE WAD to touch
At distress noted,
A-Alfael health status My Dx
P-Cantine plan y care
INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB R/S FAC.
HOOMS HITH WILL IS UNITED

CORRECTIONAL MEDICAL SERVICES CHRONIC CARE CLINIC MEDICAL DOCTOR BUTTLAL EVALUATION (LIBDATE

		R INITIAL EVALUATIO	N / UPDAIE		ì
NAME: Adoms, Anthon	4	ais# <u>180127</u>		DOB: 4 5	156
Diagnosis:	1				
Diet: DIET AS TOLERAT	ED				
Exercise: 45 minutes of 1	*		:		
Allergies:		·			
Medications:	·				
-			·	· · · · · · · · · · · · · · · · · · ·	
Laboratory / Diagnostic Testing:	WBC , A	mvlase. SGOT,SGPT, C	XR. & Urin	alvsis per M.D	order.
Short-Term Goal(s): <u>Alleviation of s</u>	vmptoms	, [Epigastric of pain.]			
Long-Term Goal(s): Avoid complicated compl				•	,
Routine Follow-up Frequency: (1) M.D. e	xam 3 months: (2) Nurse	exam every	month.	
Planning by: Chorson)			D	1/02/02 ate:
Physician Review:	V			D	ate:

CORRECTIONAL MEDICAL SERVICES MEDICAL HISTORY AND SCREENING

MATERIAME: Authory L.		#: <u>[801</u>	12) B/4 4-5-56
INMATE QUESTIONNAIRE	(circle	A COLUMN TO SERVICE STATE OF THE PARTY OF TH	CURRENT MEDICAL CONDITIONS (circle terms that apply)
. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	(B)	Unconscious Skin Infestation Intoxicated Restricted Mobility
2. Have you fainted or had a head injury within past six months?	Yes	©	Lesions Skin Rash Obvious Pain Jaundice
3. Are you allergic to any medications?	Yes	(No)	Bruises Needle Marks
4. Have you been seen by a doctor in the past six months?	(CS)	No	Fever Swollen Glands Nausea Active Cough
5. Do you wear dentures or partial plate? Ale ntures	(Yes)	No	Uses Tobacco Vaginal/Penile Discharge
6. Do you wear glasses or contact lenses?	Yes	(%)	MEDICAL HISTORY (circle terms that apply). Arthritis Frequent Diarrhea
7. Do you have a prosthesis, splint, crutches, cast or brace that you need while here?	Yes	(e)	Diabetes Genital Sores
8. Do you drink wine, beer or whiskey? How often? How much? Last time?	Yes	©	Seizure Disorder Asthma Special Diet Seizure Disorder V.D. Hepatitis 1294 HIV+ 1994
9. Have you had seizures or blackouts when you stop drinking?	Yes	(No)	Heart Condition Tuberculosis Hypertension Persistent Sore Throat
0. Do you use drugs? Type? (Ocaine) - Crack How often? 4/auck Last time? 1980	es	No	Romach Ulcer Dental Problems Cancer Surgeries
11. Have you had withdrawal problems when you stop taking drugs?	Yes		Sickle Cell Anemia Chest Pain Emphysema Jaundice
12. Do you have any medical problems we should know about?	(Yes	No	TB SCREENING
13. Are you covered by medical insurance or a benefits program?	Yes	(No)	Ever treated with TB Drugs? Ye No PPD test? Yes No Positive Reaction? Yes No
14. Have you been in this facility before?	Yes	(No)	When:
FEMALE INMATES ONLY	Yes	No	Where:
1. Are you pregnant?	- -		Recent Weight Loss Night Sweats
2. Do you use birth control? Type?	Yes	No	Recent Appetite Loss Fatigue
3. Have you recently had a baby, miscarriage or abortion?	Yes	No	MEDICATIONS
COMMENTS: (Explain "Yes" responses)			Current medications:
4. Go Merrousness			Elaul
12 Morrousness			Prescriber:
	•		ALLERGIES
			Medication Allergies (24)." No
			Other Allergies Yes No
DISPOSITION			Type:
Referrals None Placem	ent firmary		VITAL SIGNS
I Emergelic A Koom (1 to-booking mon)	etoxifica	tion Settin	BE HT 5 10/4 WT 170 Y BP/30(1)
Thysician // Our of the	eneral Po ther	pulation	Pulse Resp Temp
Sick Call — U	Citor		

SCREENED BY: (LMO ndo) Audreuso Lev Date 8-18-25 TIME ...

PRISON

		11.	7	7-3 .		3-11			11-7	7-3	3-11
	Time :	office		080	Tle			Time	∆ 1∞	CSIO	160
	Assessed by (initials):	M		B	az	S]	Assessed by (initials):	LVJ	12	AS
	Quality		/								
	Normal	1		1	L	1_					_
	Shallow						TUBES AND DRAINAGE			- 1	_ - -
	Deep	<u> </u>					DBA				
	Labored						S ANI				
	Rate - WNL	1		1			TUBE				
ORY	· Slow	<u> </u>	<u> </u>								
RESPIRATORY	Rapid]	Wound healing S inflammation			
RESP	Sounds - Clear	<u> </u>		1		_	- "	Dressing Dry & Intact		- '}-	
	Abnormal						WOUNDS/ULCERS/DRESSINGS	Dressing Changed			_ _ _
	Cough - Productive	 					JHES:	Size			
	Non-Productive					-	ERS/[Туре			
	Humidified O2 Therapy	.					VALC	Location			_ - -
	L/Minute	 					NDS				
	Incentive Spirometer										
	Suctioning-Oral/NI/Trach								1		
	Abdomen soft & nondistended	1	1_	V		4			11-1	_ -} -	
N N	Abnormal						_ <u>\$</u>				
ABDOMEN	Bowel sounds - Active	_	<u> </u>	1		4	TREATMENTS		_		
¥	Abnormal	_					TREA'	-			
	Pain-Tenderness		<u> </u>								
	Regular		1_			4	_				
旦	Irregular	_						Bottle #/Rate			
PULSE/RATE	Strong								1 1		
PULS	Weak	_			-		- ≽				
	Apical						ERAF				
	Radial		<u></u>			1	I.V. THERAPY		_ - -		
ഗ	Patient Teaching	_		_			_ -				
RRAL.		_		_							
REFERRALS								Site and Rate checke every two hours	d V		

PRISON

		11-7	7-3	¹ 3-11			11-7	7-3	3-11
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	Assessed by (initials):	Qo.	87	47		Assessed by (initials):	ilab .	EF	67
	Quality								
	Normal			1					
	Shallow				NAGE				
:	Deep				DBAII		<i>\$</i>		
	Labored				TUBES AND DRAINAGE				
	Rate - WNL		V	/	JBES				
Ä	Slow .				F				
RATC	Rapid					Wound healing S inflammation	4		
RESPIRATORY	Sounds - Clear					Dressing Dry & Intact			
ш	Abnormal				NGS	Dressing Changed	7		1
	Cough - Productive				JESSI SESSI	Size			
	Non-Productive				AS/DF	Туре			
	Humidified O2 Therapy				TICER .	Location			
	L/Minute				NDS/N				
	Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS				
	Suctioning-Oral/NI/Trach								
	Abdomen soft & nondistended						•		
Z	Abnormal				w .				
ABDOMEN	Bowel sounds - Active				TREATMENTS				
ABI	Abnormal				EATh				
	Pain-Tenderness								
	Regular								
ш	Irregular					Bottle #/Rate	•		
PULSE/RATE	Strong								
ULSE	Weak								
Φ	Apical				RAPY				
	Radial				I.V. THERAPY				
	Patient Teaching		-	7	≥			-	
RALS		1 1 -							
REFERRALS						Site and Rate checke	d \		
2						every two hours			
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		11-7	7-3		3-11			11-7	7-3	3-11
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	Assessed by (initials):						Assessed by (initials):			
•	Quality		1	_ -						
	Normal					3.6				
	Shallow		_			TUBES AND DRAINAGE				
	Deep		1			D DR		<i>t</i>		
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ΪΟRΥ	Slow									
RESPIRATORY	- "Rapid			-			Wound healing S inflammation			
RES	Sounds - Clear		W/			S	Dressing Dry & Intact			
	Abnormal					SING	Dressing Changed	'		
	Cough - Productive	_				DRES	Size			
	Non-Productive					ERS/	Туре			
	Humidified O2 Therapy					S/ULC	Location			
	L/Minute		_	-		WOUNDS/ULCERS/DRESSINGS				1
	Incentive Spirometer					WC				-
	Suctioning-Oral/NI/Trach									
	Abdomen soft & nondistended									
N E N	Abnormal					SE				
ABDOMEN	Bowel sounds - Active					TREATMENTS				
4	Abnormal	-				TREA				
	Pain-Tenderness									-
	Regular		/							
A TE	Irregular		$\dashv\vdash$				Bottle #/Rate			
PULSE/RATE	Strong -					_				
Ð	Weak					-				
	Apical		+	1		I.V. THERAPY				
	Radial		1/			 				
જુ	Patient Teaching .									
REFERRALS						-	Older and Production of			-
REF							Site and Rate checked every two hours	-		

PRISON MEALTH

		11-7		7-3	3	3-1				11-7 -		7-3		3-11	1
	Time	039							Time	2030	400	\mathfrak{D}			
	Assessed by (initials):	Bo							Assessed by (initials):			-			
	Quality			7]			_
	Normal	1						ш							
	Shallow							INAG					-		_
	Deep							TUBES AND DRAINAGE							
	Labored							S ANE		_/ _	$-\parallel \perp$				
	Rate - WNL	استا		1				TUBE					_		
ОВУ	Slow			•				•							
RESPIRATORY	Rapid				<i></i>				Wound healing S inflammation				_		
RESF	Sounds - Clear			1					Dressing Dry & Intact			_			
	Abnormal							SINGS	Dressing Changed						
	Cough - Productive							WOUNDS/ULCERS/DRESSINGS	Size	1 /					
	Non-Productive							ERS/C	Туре		_				
	Humidified O2 Therapy							VLCE	Location		_	_			
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	Incentive Spirometer							WOL							
	Suctioning-Oral/NI/Trach										_				_
	Abdomen soft & nondistended	1			:										<u> </u>
Z W	Abnormal			-				S							ļ
ABDOMEN	Bowel sounds - Active							TREATMENTS							_
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,	Pain-Tenderness				<u></u>			 -		$\parallel \downarrow \parallel$					L
	Regular	1		2/	1										Ļ
Щ	Irregular		-						Bottle #/Rate	'					_
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PULS	Weak				ļ.,			>-							1
	Apical					1		I.V. THERAPY							1
	Radial		-	<u> </u>	1			- 1H							1
ິດ	Patient Teaching							=	-						+
BRAL															+
REFERRALS									Site and Rate checker every two hours	± 1					+

PRISON HEALTH SERVICES

PRISON HEALTH ERVICES CORPORATED					Date	6/16/0	4		
	·	11-7	7-3	3-11			11-7	7-3	3-11
	Time .	0300	0700			Time	70300	0700	
	Assessed by (initials):	NZ	11/			Assessed by (initials):	NJ	14/	
	Quality Normal Shallow Deep Labored Rate - WNL Slow Rapid Sounds - Clear Abnormal Cough - Productive Non-Productive Humidified O2 Therapy L/Minute Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS TUBES AND DRAINAGE	Wound healing § inflammatic Dressing Dry & Intact Dressing Changed Size Type Location			
ABDOMEN	Suctioning-Oral/NI/Trach Abdomen soft & nondistender Abnormal Bowel sounds - Active Abnormal Pain-Tenderness				TREATMENTS				
PULSE/RATE	Regular Irregular Strong Weak Apical Radial				I.V. THERAPY	Bottle #/Rate			
REFERRALS	Patient Teaching					Site and Rate checevery two hours	ked		
NL SI	JRSE'S GNATURE:	RN 11-7 7-3	V 24	LPN	11-7 7-3	1. Jones	11-7 7-3	-	

PRISON HEALTH SERVICES

PRISON HEALTH SERVICES INCORPORATED					Date (6-13-04			
		11-7	7-3	3-11			11-7	7-3	3-11
	Time	0400	016	1800		Time	1600	oru	1800
	Assessed by (initials):	R	B	90		Assessed by (initials):	OC.		Qo
	Quality								
	Normal	1							
	Shallow				NAGE				
	Deep				TUBES AND DRAINAGE		1		
	Labored				AND				
	Rate - WNL	1			JBES				
Α̈́	Slow				F				
RATO	Rapid					Wound healing S inflammation			
RESPIRATORY	Sounds - Clear	1	1			Dressing Dry & Intact			
£	Abnormal				NGS	Dressing Changed			
	Cough - Productive				ESSI	Size			
	Non-Productive				RS/DR	Туре			
	Humidified O2 Therapy				LCEF	Location			
	L/Minute				1DS/L				
	Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS				
	Suctioning-Oral/NI/Trach				_				
	Abdomen soft & nondistende	d 1/							
,	Abnormal								
ABDOMEN	Bowel sounds - Active				TREATMENTS				
ABD	Abnormal				ATM				
	Pain-Tenderness				Ë				
	Regular								
	Irregular					Bottle #/Rate			
PULSE/RATE	Strong								
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₫.	Apical				АРУ				
	Radial				I.V. THERAPY				
	Patient Teaching								
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REFERRALS					-	Site and Rate checked			
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][F	RN 11-7		LPN 1	1.7 D	Men	11-7		
NU SIC	JRSE'S GNATURE:	7-3	'	7-	······ (vond o	7-3	,	
		3-11		,	., 7)	1860 ag	3-11		

PRISON

	·	11-7	7-3	3-11			11-7	7-3	3-11
	Time	77/10	1230	180		Time	000	1280	1800
	Assessed by (initials):	RO	£3	CM		Assessed by (initials):	De	£\$	ar.
	Quality						_		_
	Normal	4							
	Shallow				INAG				
	Deep] DB/				_
	Labored				TUBES AND DRAINAGE		_ _/_ _		
	Rate - WNL	4		-	TUBE				
ORY	Slow				_ '				. - -
RESPIRATORY	Rapid					Wound healing S inflammation	on		
RESF	Sounds - Clear	1				Dressing Dry & Intact			
	Abnormal				WOUNDS/ULCERS/DRESSINGS	Dressing Changed			
	Cough - Productive				RESS	Size			
	Non-Productive				RS/D	Туре			. _ _
	Humidified O2 Therapy				ULCE	Location			
	L/Minute				NDS				
	Incentive Spirometer				MOL				
	Suctioning-Oral/NI/Trach				_][
	Abdomen soft & nondistended	C							
Z	Abnormal	,			s				
BDOMEN	Bowel sounds - Active				TMENTS				
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	Pain-Tenderness	1			_ F			-	
	Regular	4		1					
ш	Irregular					Bottle #/Rate			
PULSE/RATE	Strong								
ULSE	Weak								
ш	Apical				I.V. THERAPY				
	Radial	4			[#] E				
	Patient Teaching				_ ≥				
REFERRALS							THE SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW		
EFER						Site and Rate check			
<u></u>						every two hours	1		

PRISON HEALTH

Quality Nor Sha	ed by (initials): mal allow pored	5A 100		7-3 9A EF		3-1 7:0 A)			Time	11-7 ·	7-3 9n	3-11
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Quality Nor Sha	ed by (initials): mal allow pored			EF					******			
Quality Nor Sha	mal allow epp								Assessed by (initials):	<u> </u>	E.F	AB
Nor Sha	allow ep pored			/								
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Rate - \	WNL.	~		1			-	JBES				
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O Raj	pid								Wound healing S inflammation			
RESPIRATORY Sounds	s - Clear			~			_		Dressing Dry & Intact		i	
- 11	normal							NGS	Dressing Changed			
Cough	- Productive							ESSII	Size			
No	n-Productive							RG/SF	Туре			
Humid	ified O2 Therapy							ILCEF	Location			
L/N	Minute							NDS/L				
Incenti	ive Spirometer							WOUNDS/ULCERS/DRESSINGS				
Suctio	ning-Orai/Ni/Trach											
Abdom	en soft & nondistended			V								
z At	onormal											
Bowel	I sounds - Active							ATMENTS				
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1	Tenderness							TRE				
Regul	lar	1		V		سه ا	 					
rregu	lar								Bottle #/Rate			
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Weak												
ā. Apica	ď							AAPY				
Radia	al		-	a/				I.V. THERAPY				
	nt Teaching			1] ≥				
RALS												
REFERRALS									Site and Rate checke	d		
ä									every two hours .			
Mulporie	RI	N 1-1-7	LD L	Dean	~~~		LPN 1	1-7		11-7		
NURSE'S SIGNATUR	RE:	°7-3	E.J.	Weley	PU .			-3		7-3 3-11		

PRISON HEALTH SERVICES

HEALTH ERVICES CORPORATED					Date	6/19/09			
		11-7	7-3	3-11			11-7	7-3	3-11
. —	Time	()00	0900	1700		Time	pa	0900	1700
	Assessed by (initials):	a	8	an		Assessed by (initials):	N	- W	OW.
	Quality								
•	Normal	4			ш				
	Shallow				TUBES AND DRAINAGE				
	Deep				DR.A				
	Labored				ANE				
	Rate - WNL	1	1		UBES				
λ¥	Slow								
RATC	Rapid					Wound healing S inflammation			
RESPIRATORY	Sounds - Clear	1	1			Dressing Dry & Intact			
LL.	Abnormal				kgs	Dressing Changed			
	Cough - Productive				ESSIL	Size			
	Non-Productive				S/DR	Туре			
	Humidified O2 Therapy				WOUNDS/ULCERS/DRESSINGS	Location			
	L/Minute				DS/UI		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Incentive Spirometer			.	Nuo				
	Suctioning-Oral/NI/Trach								.
	Abdomen soft & nondistender	<u> </u>] []				
		1-			41			1 1	
OMEN	Abnormal Bowel sounds - Active				ENTS				
ABDO					TME				
	Abnormal				TREATME				
	Pain-Tenderness								
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PRISON HEALTH SERVICES

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PRISON HEALTH SERVICES

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PRISON HEALTH SERVICES INCORPORATED

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PRISON HEALTH

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PRISON HEALTH SERVICES

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PRISON HEALTH SERVICES

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Case 2:07-cv-00351-CSC Doc	ument	10-2	File	07/03	/2007	Page	e 98 of	98	
							$1/10^{\circ}$		
DATE: 5/25/04 PATIENT:	ARY	ASS	ESSIM ATT	EN:	1				· .
KEY/DIRECTIONS:	~ .		1 101		7				
Assessment done; No changes found within est	ablished	criteria.	# Not	ation in p	rogress n	otes (indic	ate in si	gnature/tit	le b ^e '-')
* Assessment done; changes found outside estab	lished cr	iteria,	PC As	sessment	done; cf	nanges fo	und out	side estat	olish
details in progress notes.				criteria; s	econdary	to pre-e	xisting c	ondition.	
		7-3			3-11		5. XI	11-7	
PHYSICAL ASSESSMENT:	TIME	SYMBOL	INITIAL	TIME	SYMBOL	INITIAL	TIME	SYMBOL	INITIAL
(AVAO, MEMORY INTACT, PEARL, ACTIVE ROM NEUROLOGICAL TO ALL EXTREMITIES, SPEECH CLEAR) (SKIN WARM, DRY, PINK + PERIPHERAL	2,30	b	_8V_	ļ`					
(SKIN WARM, DRY, PINK + PERIPHERAL NEUROVASCULAR PULSES PALPABLE, NO EDEMA, + SENSATION) RESPIRATORY CLEAR SPUTUM, PINK NAILBEDS, NORMAL BREATH SOUNDS) (S, S, AUDIBLE, + APKAL PULSE, CARDIOVASCULAR HR REGULAR, VSS; SKIN WARMORY)		1		<u> </u>					
RESPIRATORY CLEAR SPUTUM, PINK NAILBEUS, NORMAL BREATH SOUNDS! (S, 5, AUDIBLE, + APICAL PULSE,	 			<u> </u>					
CARDIOVASCULAR HÀ REGULAR, VSS; SKIN WARMORY) (ABDOMEN SOFT, + BOWEL SOUNDS GASTROINTESTINAL IN ALL FOUR QUADRANTS)	 	~		 				1	
GASTHOINTESTINAL IN ALL FOOR QUADRANTS) (IRINE CLEAR, YELLOW TO AMBER, GENTIOURINARY NO PAIN, VOID) (NO VAGPENILE DISCHARGE)			- -	ļ			<u> </u>		
(NO RASHES, NO BREAKDOWN, INTEGUMENTATION NO RED AREAS)		-		1	1				
(NO JOINT SWELLING/TENDERNESS MUSCULOSKELETAL WEAKNESS)		L							
PSYCH/SOCIAL (APPEARANCE, BEHAVIOR, VERBALIZATION APPROPRIATE TO SITUATION)			_			ļ	<u> </u>		
PAIN (IF RELIEVED BY MEDS, INDICATE IN PROGRESS NOTES		1	<u> </u>	1]			
IV THERAPY: TYPE HLHEPLOCK COUNT, JUGULAR		7-3		· 提广等数	3-11			11-7	
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ANTERIOR POSTERIOR RESTART: CATH GAUGE		/					<u> </u>		
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PRISON HEALTH SERVICES INCORPORATE	S			Date (122/04		
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	Suctioning-Oral/NI/Trach						
***************************************	Abdomen soft & nondistended						
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ABDOMEN	Bowel sounds - Active	1		ENTS			
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PRISON HEALTH SERVICES

HEALTH SERVICES INCORPORATED				Date	le/23/	04		-
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EFER		· .			Site and Rate checked			
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NURSE'S RN	11-7 /	Josephson, K	2 A LPN 11	I <i>-</i> 7		11-7	ī .	-
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KBT	RSE'S RN 11-7		LPN 11	1-7	11-7
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PRISON HEALTH SERVICES INCORPORATED	· ·			•	Date	Ce/27/4			
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	Patient Teaching	j			<u>`</u> ≥:				
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PRISON HEALTH SEPHICES

SERVICES INCORPORATED					Date Ø	126/24			
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	Humidified O2 Therapy				JLCE!	Location			
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KU I	RSE'S	RN 11-7 M	Sangh	LPN	11-7		11-7		
Sic	SNATURE:	7-3 6 9	weder	-	7-3		7-3		
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HEALTH SERVICES INCORPORATED			Ą.,	-	Date	6/28/4			
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표						every two hours			
	RI RI	V 11-7		LPN	11-7/2/	m-	11-7		
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PRISON HEALTH SERVICES

PRISON HEALTH SERVICES INCORPORATED			·		Date	4/29	104		
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IRATO	Rapid					Wound healing S inflammation			
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LS.	Patient Teaching								
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PRISON HEALTH SERVICES INCORPORATE	S		:		Date	6 30	04		
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PRISON HEALTH SERVICES

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ATOF	Rapid			-	-	Wound healing S inflammation			
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PRISON HEALTH SERVICES MCGPPGRATE

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	Labored							TUBES AND DRAINAGE	,			
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PRISON HEALTH SERVICES INCORPORATED					Date	7/4/04	<i></i>		
	Time	11-7 (2 pg/1	7-3	3-11 LOO		Time //	11-7 .	7-3	3-11
	Assessed by (initials):	as .		AS		Assessed by (initials):	10		
RESPIRATORY	Quality Normal Shallow Deep Labored Rate - WNL Slow Rapid Sounds - Clear Abnormal Cough - Productive Non-Productive Humidified O2 Therapy L/Minute Incentive Spirometer Suctioning-Oral/NI/Trach					Wound healing S inflammation Dressing Dry & Intact Dressing Changed Size Type Location			
ABDOMEN	Abdomen soft & nondistended Abnormal Bowel sounds - Active Abnormal Pain-Tenderness				TREATMENTS				
PULSE/RATE	Regular Irregular Strong Weak Apical Radial				.V. ТНЕВАРУ	Bottle #/Rate			
REFERRALS	Patient Teaching				1.7.	Site and Rate checked every two hours			
NU SIC	IRSE'S GNATURE:	7-3 3-11	Jackson	'	11-7 2 3-11 .		11-7 7-3 3-11		

PRISON HEALTH SERVICES

	11-	7	7-3	3-11			11-7	7-3	3-11
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	Assessed by (initials):	- 11	N	ap		Assessed by (initials):		N	QC
	Quality								
	Normal								
	Shallow				†AGE		,		
	Deep) BAIN				
	Labored				TUBES AND DRAINAGE				
	Rate - WNL				BES /				
≿	Slow				1 2			7.	
RESPIRATORY	Rapid				- -	Wound healing S inflammation			
SPIR	Sounds - Clear			C	1	Dressing Dry & Intact			
m m	Abnormal	 			gs	Dressing Changed			F
	Cough - Productive				WOUNDS/ULCERS/DRESSINGS	Size			1
	Non-Productive				%DRE	Type			
	Humidified O2 Therapy				CERS	Location			
	L/Minute	-	·		JU/S	Location			
									+
	Incentive Spirometer				∭ ×				
	Suctioning-Oral/NI/Trach								
	Abdomen soft & nondistended	<u> </u>		<u> </u>					$\parallel \parallel \uparrow$
Ϋ́ΕΝ	Abnormal				1 2	,			_
ABDOMEN	Bowel sounds - Active	<u> </u>	L	Ĺ	TREATMENTS			_ - -	
₹	Abnormal				REAT				
	Pain-Tenderness				_ -			·	_
	Regular		<u> </u>	L]			
ш	Irregu(ar					Bottle #/Rate			
PULSE/RATE	Strong								
เราก	Weak								
u.	Apical			1	RAPY				
	Radial				I.V. THERAPY				
	Patient Teaching				<u> </u>	·			
RALS									
REFERRALS						Site and Rate checked			
22						every two hours			
N	RN 11-7			LPN	11-7		11-7		

SERVICES ICORPORATED					Date	1/15/0	4		
		11-7	7-3	3-11			11-7	7-3	3-11
	Time	2pm	0700	B:30pm		Time	Her	0700	8:30P
	Assessed by (initials):	us	8	AD		Assessed by (initials):	as	8)	Ale
	Quality								
	Normal		V	i					
	Shallow				INAG		<u> </u>		
	Deep				TUBES AND DRAINAGE				_ - -
	Labored				AND				
	Rate - WNL	ı			UBES	•			
ΡĄ	Slow								
RESPIRATORY	Rapid					Wound healing S inflammation			
ESPI	Sounds - Clear			/		Dressing Dry & Intact			
L.	Abnormal				INGS	Dressing Changed			
	Cough - Productive				7ESS	Size			
	Non-Productive				RS/DF	Туре			
	Humidified O2 Therapy				JLCEI	Location			
	L/Minute				NDS/t				
	Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS				
	Suctioning-Oral/NI/Trach								
	Abdomen soft & nondistended				1				
7	Abnormal					·			4
ABDOMEN	Bowel sounds - Active		L.		TENT:				
ABD	Abnormai				REATMENTS				
	Pain-Tenderness								
	Regular				1				
	Irregular					Bottle #/Rate			
RATE	Strong	V			1				
PULSE/RATE	Weak								
ă	Apical				JAP. ✓				
	Radial	1	V		I.V. THERAPY				
	Patient Teaching				_ ≥				
MLS									
ŖEFERRALS						Site and Rate check	ed		
뿐.						every two hours			
		RN 11-7	TIA DAMON) PN LPN	11-7		11-7		
N S	JURSE'S DIGNATURE:	7-3	A CONTRACTOR) P, A LPN	7-3 S N	awom lor	7-3		
		3-11 () t	assual .	/ 1 / / / / / / / / / / / / / / / / / /	3-11		3-11		



INFIRMARY NURSING PROGRESS NOTES

***************************************	·
Pate/Time	
COO	2 Continue currenties
07/23/04 1600 S	Onedovoiced)
0-	retambitin cell Besp unlabared bilat, Respisolation prec ab
	served Ineouraged to voice needs
	altered in comfort R/T diagnosis
ρ.	- cont to monton second et report Susa Milliams PV
	5- NO Complaint voices of the Vine senting
	O- Awale + glast o 10 problems with
	This time, Al N/O sty o use.
	A. Alt Compat level 2/7 health Star
	P. Plan & low o Minto Cat Billiago
7/24/10	5 - no dist voiced
1830/A	0-AFOX3, KESPEERSE, INd lib in Sociell,
·	The progress in therapy, NO Acute dispess
	noted
	A-Alt luc K/T DX
	D- Continue Plan of CAR- C. Type la Sino vental complaints at this times.
124/04	S NO verbal complaints at this times.
2000 (2. AtOP3. UP Ad hib in IN Cell. Iso Precortion maintained.
	P.D. MITAKE GOOD. NO ACUTE distress mores or This Times.
	A. AIT in Health STATUS RIT DO.
	P. Cont POC O. Bosnell RN
INMATE NAME (I	AST, FIRST, MIDDLE) DOC# DOB R/S FAC.
IHClay	MG 174 1887 MG 1941 CA
PHS-MD-70049	plete Both Sides Before Using Another St

PRISON

					1[
	Time	11-7 0 4 00	7-3	3-11	<u> </u>		11-7	7-3	3-11
	Assessed by (initials):	M		1100		Time Assessed by (initials):	0400		100
	Quality						NS		
	Normal	V	V						
	Shallow	-			IAGE				
	Deep				JRAIN				
	Labored				TUBES AND DRAINAGE				
	Rate - WNL				BES				
)RY	Slow				= "				- -
RESPIRATORY	Rapid					Wound healing S inflammation			
RESP	Sounds - Clear					Dressing Dry & Intact			
	Abnormal				S S S	Dressing Changed			
	Cough - Productive				ESSI	Size			
	Non-Productive				Jayse.	Туре			
	Humidified O2 Therapy				WOUNDS/ULCERS/DRESSINGS	Location			
	L∕Minute				NDS/C				
	Incentive Spirometer				MOO				
	Suctioning-Oral/NI/Trach								
	Abdomen soft & nondistended		V						
ĒN	Abnormal								
ABDOMEN	Bowel sounds - Active		V	4	MENTS				
₹	Abnormal				TREAT			//	
	Pain-Tenderness				JI F	•			
	Regular	V	_ 1/ _]		
TE	Irregular					Bottle #/Rate			
PULSE/RATE	Strong	2			_				
PUL	Weak	;		,	 				
	Apical				ERAP				
-	Radial				.V. THERAPY				
S	Patient Teaching				<u> </u>				
REFERRALS									
REF			1			Site and Rate checked every two hours			
									1

PRISON HEALTH ERVICES ORPORATED					Date	1124/19			
ORPORAFED									
		11-7	7-3	3-11			11-7	7,3	3-11
	Time	V15319	820/2	830 pm		Time	530	85/4	8:30 pm
	Assessed by (initials):	a	4	AB	,	Assessed by (initials):	a.	Est	4
	Quality Normal Shallow				VAGE				
ORY	Deep Labored Rate - WNL Słow				TUBES AND DRAINAGE				
RESPIRATORY	Rapid Sounds - Clear Abnormal Cough - Productive				SSINGS	Wound healing S inflammation Dressing Dry & intact Dressing Changed Size			
	Non-Productive Humidified O2 Therapy L/Minute Incentive Spirometer Suctioning-Oral/NI/Trach				WOUNDS/ULCERS/DRESSINGS	Type Location			
ABDOMEN	Abdomen soft & nondistender Abnormal Bowel sounds - Active Abnormal Pain-Tenderness				TREATMENTS				
PULSE/RATE	Regular Irregular Strong Weak Apical Radial				1.V. THERAPY	Bottle #/Rate			
REFERRALS	Patient Teaching				1.8.	Site and Rate checked every two hours			
NU	URSE'S GNATURE:	RN 11-7 7-3		LPN		Mu p	11-7	7.74	

PRISON

PRISON HEALTH SERVICES- INCORPORATEJO					Date	7/28/04	Þ		
	7/25/0	4 11-7	7-3	3-11	7	25/04	11-7	7-3	3-11
	Time	0500	1940	1880	J.	Time	000 0940	0940	1800
	Assessed by (initials):	[83]	E3	aw		Assessed by (initials):	PB EF	83	au
	Quality								
	Normal	1	V	V					
	Shallow				NAGE				
	Deep				DBAI				
	Labored				AND				
	Rate - WNL	1		N	TUBES AND DRAINAGE				J
Ж	Slow								
RATC	Rapid					Wound healing S inflammation			
RESPIRATORY	Sounds - Clear					Dressing Dry & Intact			
μ.	Abnormal				NGS	Dressing Changed			
	Cough - Productive				ESSI	Size			
	Non-Productive				3S/DF	Туре			V
	Humidified O2 Therapy				JLCEP	Location			
	L/Minute				NDS/L				
	Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS				
	Suctioning-Oral/NI/Trach								
	Abdomen soft & nondistended	i.							
z	Abnormal								
ABDOMEN	Bowel sounds - Active				TREATMENTS				
ABC	Abnormal				EATIN				
	Pain-Tenderness]				
	Regular								
L II	Irregular					Bottle #/Rate			
PULSE/RATE	Strong								
ULSE	Weak								
₽	Apical				I.V. THERAPY				
	Radial]				
3ALS	Patient Teaching] ≥				
REFERRALS						Site and Rate checker	d		
ă ——						every two hours			
MII	IRSE'S	N 11-7			V 11-7 2 3 4 9 11-7				
SIC	GNATURE:		Ullucko	. ; ;	7-3	ME 0.4	7-3		
	****	3-11			3-11 <i>[]</i>	MI (1 in) is 3-11			

Case 2:07-cv-00351-CSC Documen							ment	t 10-3 Filed 07/03/2007 Page 20 of 106				
		11-	7	7-3		3-1	1			11-7	7-3	3-11
	Time	500)	0440		1880			Time	ÇO	0940	1800
	Assessed by (initials):	<u>RD</u>		EF		aw			Assessed by (initials):	egl	<u>E</u>	au
BEHAVIOR/MENTAL STATUS	Alert								Temperature: Warm			
	Oriented x 3					_/			· Hot			
	Disoriented					-			Cool			
	Lethargic								Turgor: Good	,——		
TAL							,		Fair			
VMEN	Cooperative								Poor			
Vior	Combative/Uncooperative								Moisture: Dry			1/2
ЗЕНА	Anxious								Moist			
	Depressed								Color: WNL			V
	Depressed								Pale			
								SKIN				
	Clear		_	V				σ	Flushed			
	Slurred								Cyanotic			
SPEECH	Rambling								Jaundice			_ _
SPE	Aphasic		ļ.,									
-	Inappropriate								Edema (location/amount)			
	·											44
	Moves all extremities		1									
ÆNT	Weakness								Free of pressure/irritation			
SENSATION/MOVEMENT								T s	Tube feeding/Type:			
W/NC	Paralysis							OING				
SATI	Paresthesia		<u> </u>					FEE	Bottle changed			
SEN	CMS intact							TUBE FEEDINGS	Tubing changed			
	Bedrest		<u> </u>	J] []			Restraints: soft wrist/posey			
				-					ļ 			
	Turn q 2 hours Sol		1	-		1			Call light in reach		$-\parallel \cdot \downarrow -$	$\parallel \downarrow \parallel$
LES	OOB (chair)	ļ		\parallel		<u> </u>		SAFETY	Bed in low position	1		
ACTIVITIES	BRP					 			Siderails: up x 4			
A	Bedside commode	 					/		Ambularm			
	Ambulate C ASSI S	+		1/		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<u> </u>				
	1 7,50.0	<u></u>					<u> </u>		Decub, mattress/pad			
	Complete/Assist/Partial							ОТНЕВ	TED hose: knee hi/thigh hi			
	Shower/Shampoo) 6	Remove 30 q 8 hours			/ <u> </u>
ш	Oral Care							Sa	Checked on rounds			
HYGIENE	P.M. Care							NURSING ROUNDS	Respirations unchanged			
	Peri-Care					1		N CD		1		
	d of		/			K	-	-∏ NRSI				
	Doctor's visits		-			╢- '- -		Z	Acceptable normal		x Within	normal limits
		<u> </u>				<u> </u>	<u></u>	<u> </u>		DCD		
	E NAME (LAST, FIRST, M			. 1					DOC#	DOB	RACE/SEX	FAC.
A	dams	\cap	10-	tho	M.	J		*.	180187 4:	>-2W	B/W	TOX

	Case 2	2:07-cv-	00351-CSC	Document	t 10-3	Filed 07/03/	2007 Pa	Page 21 of 106		
<u> </u>		11-7	7-3	3-11			11-7	7-3	3-11	
	Time	15300	859	83000	Time		1530	139 A	8.30pm	
	Assessed by (initials):	a	4	AD	Asse	essed by (initials):	12	67	40	
	Alert	W			Tem	perature: Warm			1	
ATUS	Oriented x 3	1				Hot				
	Disoriented					Cool				
	Lethargic				Turç	gor: Good	2			
		 				Fair				
MEN	Cooperative					Poor				
/IOR/	Combative/Uncooperative	10			Moi	sture: Dry	1			
EHA!						Moist		1		
. m	Anxious	<u> </u>			Col				1,/	
	Depressed_	∦				Pale		_		
					SKIN					
	Clear				<u> </u>	Flushed				
	Siurred					Cyanotic	_			
E S	Rambling					Jaundice				
SPEECH	Aphasic									
	Inappropriate				Ec	ema (location/amou	int)			
	Moves all extremities									
ENT	Weakness				Fr	ee of pressure/irritat	tion			
SENSATION/MOVEMENT					σ Tι	ube teeding/Type:	1			
N/WG	Paralysis				BE FEEDINGS					
SATIC	Paresthesia					ottle changed				
SENS	· · · · · · · · · · · · · · · · · · ·					ubing changed				
	CMS intact					estraints: soft wrist/po	osev			
	Bedrest				-{	all light in reach				
	Turn q 2 hours				-{	led in low position				
IES	OOB (chair)				-{ [ii }-			_ -		
ACTIVITIES	BRP	_				siderails: up x 4				
¥	Bedside commode					imbularm'				
	Ambulate	1								
						Decub, mattress/pad				
	Complete/Assist/Partial				-	ED hose: knee hi/thig	 		_ -	
	Shower/Shampoo					Remove 30 q 8 hour	s			
臣	Oral Care				SON	Checked on rounds	2			
HYGIENE	P.M. Care				ROUR	Respirations unchar	nged C			
É	Peri-Care				NURSING ROUNDS					
	84			i	NOR.					
	Doctor's visits		-			Acceptable normal		X Withir	n normal limits	
		- NOO! C		DOC#	DOB	RACE/SEX	FAC.			
INMAT	E NAME (LAST, FIRST	, MILUULE)	4	1 An		16nian	4-956	م ا		
	Aldum	? .	· /	Smillon		18018/	7 000	10"	<u> </u>	

	11-7 7-3 3-11												
	ė	orp		SIG	<u> </u>	1100			Time	0400	209C		
	Assessed by (initials):	NS	, 			$\ \mathcal{U} \ $			Assessed by (initials):	M			
	Alert			V	7				Temperature: Warm			V	
.	Oriented x 3								Hot				
so	Disoriented								Cool				
BEHAVIOR/MENTAL STATUS	'Lethargic								Turgor: Good				
H H	,			7					Fair				
II WE	Cooperative								Poor				
AVIO	Combative/Uncooperative								Moisture: Dry				
	Anxious								Moist				
	Depressed								Color: WNL				
					1				Pale				
! 	Clear			/				SKIN	Flushed				
	Slurred			<u> </u>	-	1			Cyanotic				
ᇙ	Rambling						··· ·· · · · · · · · · · · · · · · · ·		Jaundice				
SPEECH	Aphasic												
u,	Inappropriate	1		7.					Edema (location/amoun				
					,					1 1 1			
	Moves all extremities						/						
AENT	Weakness				-				Free of pressure/irritatio	n \			
OVE								[[[]	Tube feeding/Type:				
SENSATION/MOVEMENT	Paralysis				<u> </u>			FEEDINGS					
SAT	Paresthesia	<u> </u>						7.5	Bottle changed				
SEI	CMS intact			· · · · · · · · · · · · · · · · · · ·				TUBE	Tubing changed				
	Bedrest	1			/]	Restraints: soft wrist/pose	ey			
	Turn q 2 hours	 		1/	1				Call light in reach				
· Ν	OOB (chair)				7			 	Bed in low position				
ACTIVITIES	BRP			V				SAFETY	Siderails: up x 4		NY		
ACT	Bedside commode								Ambularm				
	Ambulate		1										
									Decub, mattress/pad				
	Complete/Assist/Partial							ОТНЕЯ	TED hose: knee hi/thigh	hi			
-	Shower/Shampoo				:			6	Remove 30 q 8 hours				
<u>u</u>	Oral Care							So	Checked on rounds				
HYGIENE	P.M. Care							I I	Respirations unchange	d			
£	Peri-Care				_			NG B					
	Self	1/	1	1		\parallel_{V}		NURSING ROUNDS					
	Doctor's visits							Z	Acceptable normal		X With	in normal limits	
MATE	NAME (LAST, FIRST, N	(IDDLF)	\.						DOC#	₁ DOβ	RACE/SEX		
:	Adams, A	1 /1	41		٠				1 -10-01	4556	1 01.	1/10	

Adams, Anthony



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/25/04	S- NO complaints voiced
0400	O-NO ACULE d'Afress NOTED. CONTINUE
	Resp. Isolation
	H-ALTIN Health Status R/T DX
	P-Constinue POC - RBMARPN
7/25/04	S- No recepse Go @ this time - 0
0940	O- alert es Orented x3, Remains on Resp Golation.
	Po untake good, Output good. no acute disturd
. :	nated. My assessment dire.
	A- Celtered hearth States Ht dy
	P- Mouter es facen plan gens. Equeleral
7/25/04	3-No comptaints news @ gresent. —— 0-A+OX 3, color WNL. Renaine on respisation.
1870	
	To acuto distress notes.
	A- alteration in health status RfT dx. P- Cont plan of care, - aWillista
n/oc/m/	S-NO COMBOUNTS VOICED (a) present
7/26/04	O- ATO X3, Remain on less Isolation.
11-1	NO doute distress:
	A-Atil Mealth Shalis et DY
And the second s	A-At in Health Status AT DX P-CONTINUE PDC - RBMMITA 88:30 pm: Pt descheuged from resp esolation & Cleanor for pleacement ento population NO. Afair.
7/26/04	8:30 Am: Pt deschieused from Resa esportion + Olenion
11000	for placement ento population kO. L.

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 24 of 106 3-11 3-11 81300 8,300 Time sed by (initials): Assessed by (initials): Alert Temperature: Warm Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented Turgor Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Depressed Color: WNL Pale SKIN Flushed Clear Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours OOB (chair) Bed in low position SAFETY ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate & A Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits X Within normal limits Acceptable normal INMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX FAC. adams,

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 25 of 106 3-11 11-7 3-11 11-7 0800 266 Time 1/10 7: Assessed by (initials): A. sed by (initials): Alert Temperature: Warm Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Fair Poor Cooperative Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale Clear Flushed Slurred Cyanotic Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position SAFETY ACTIVITIES BRP Siderails: up x 🀴 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Acceptable normal x Within normal limits INMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB. RACE/SEX FAC.

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 26 of 106 Assessed by (initials): sed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good 'Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Anxious Color: WNL Depressed Pale Flushed Clear Cyanotic Slurred Rambling Jaundice Aphasic Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours Bed in low position OOB (chair) ACTIVITIES Siderails: up x 4 Ambularm Bedside commode Decub. mattress/pad OTHER TED hose: knee hi/thigh hi Complete/Assist/Partial Remove 30 q 8 hours Shower/Shampoo **NURSING ROUNDS** Checked on rounds Oral Care HYGIENE Respirations unchanged P.M. Care Peri-Care

180127 INMATE NAME (LAST, FIRST, MIDDLE) adams, anthony

Doctor's visits

Acceptable normal

RACE/SEX

FAC. KCF

Within normal limits

Time Assessed by (initials): Α: sed by (initials): Temperature: Warm $A_{1} = 0$ Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented Lethargic Turgor: Good Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist WNL Depressed Color: Pale Clear Flushed Siurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITIES BRP Siderails: up x 4 Ambularm Bedside commode Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)

anthony

180123

4/5/5

RACE/SEX

FAC. KCP

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 28 of 106 11-7 3-11 11-7 A: .. ાત by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 Hot BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Fair Cooperative Poor Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours 2016 Call light in reach OOB (chair) Bed in low position SAFETY Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS HYGIENE Checked on rounds P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits RACE/SEX FAC.

NMATE NAME (LAST, FIRST, MIDDLE)

S mal

Anthony

180127

DOB R

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 30 of 106 3-11 3-11 1800 Time 1800 Time $\mathcal{A}\!\!\omega$ Assessed by (initials): Assessed by (initials): Temperature: Warm Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Anxious Color: WNL Depressed Pale SKIN Flushed Clear Cyanotic Slurred Jaundice Rambling SPEECH Aphasic Edema (location/amount) inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) ACTIVITIES Siderails: up x 4 BRP Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER TED hose: knee hi/thigh hi Complete/Assist/Partial Shower/Shampoo Remove 30 q 8 hours RESING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Within normal limits Doctor's visits Acceptable normal RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE) FAC.

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 31 of 106 11-7 1804 Time Time Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 Hot BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Fair Poor Cooperative Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale Clear Flushed Slurred Cyanotic Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care 1 X Within normal limits Acceptable normal

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 33 of 106 11-7 3-11 3-11 050D 1210 1210 0500 MA 83 Assessed by (initials): Assessed by (initials): Alert 1 Temperature: Warm Oriented x 3 BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Fair Poor Cooperative Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale Clear Flushed Slurred Cyanotic Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS HYGIENE Checked on rounds P.M. Care Respirations unchanged Peri-Care Doctor's Visits Acceptable normal Within normal limits NMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX DOC# 4/5/56

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 34 of 106 3-11 11-7 3-11 Time an Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Color: WNL Depressed Pale SKIN Clear Flushed Cyanotic Slurred Rambling Jaundice Aphasic Inappropriate Edema (location/amount) V Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) SAFETY ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Acceptable normal Within normal limits RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE) Adams, Anthony

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 35 of 106 11-7 11-7 3-11 Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Lethargic Turgor: Good Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position SAFETY ACTIVITIES BRP Siderails: up x 4 Ambularm Bedside commode Ambulate < Decub. mattress/pad Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits NMATE NAME (LAST, FIRST, MIDDLE) DOB RACE/SEX FAC.

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 36 of 106 11-7 11-7 Time Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale Clear Flushed Slurred Cyanotic Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) ACTIVITIES BRP Siderails: up x Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal X Within normal limits NMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX FAC.

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 37 of 106 3-11 3-11 11-7 0700 Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Dry Moisture: Combative/Uncooperative Moist Anxious Color: WNL Depressed Pale Flushed Clear Cyanotic Slurred Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours Bed in low position OOB (chair) SAFETY ACTIVITIES Siderails: up x 4 BRP Ambularm Bedside commode Ambulate Decub, mattress/pad Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Doctor's visits Acceptable normal Within normal limits INMATE NAME (LAST, FIRST, MIDDLE)

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 38 of 106 11-7 3-11 11-7 3-11 Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented **Lethargic** Turgor: Good Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice SPEECH Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITÍES SAFETY BRP Siderails: up x 🕭 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Acceptable normal Within normal limits INMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 40 of 106 11-7 3-11 3-11 Time Assessed by (initials): Assessed by (initials): Temperature: Warm Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist WNL Color: Depressed Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice SPEECH Aphasic Inappropriate Edema (location/amount) سمرار Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position BRP Siderails: up x 4 Ambularm Bedside commode Ambulate Decub. mattress/pad Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits RACE/SEX FAC.

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 41 of 106 04 Time Time Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic SPEECH Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITIES SAFETY Siderails: up x 4 Bedside commode Ambularm Ambulate 2001 Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care DO Doctor's visits Acceptable normal x Within normal limits NMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX 180/23 B/M adems, anthony

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 42 of 106 d Assessed by (initials): D Assessed by (initials): Temperature: Warm Oriented x 3 BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Fair Cooperative Poor Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position SAFETY BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care HYGIENE NURSING ROUNDS Checked on rounds P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal X Within normal limits MATE NAME (LAST, FIRST, MIDDLE) RACE/SEX FAC. 180123 4/5/56 B/M Adams, Anthony KCF

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 43 of 106 11-7 3-11 900 1135 1125 Time IL Assessed by (initials): AH Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Anxious Color: WNL Depressed Pale SKIN Flushed Clear Cyanotic Slurred Rambling Jaundice Aphasic Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours Bed in low position OOB (chair) SAFETY ACTIVITIES Siderails: up x 4 BRP Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER TED hose: knee hi/thigh hi Complete/Assist/Partial Remove 30 q 8 hours Shower/Shampoo NURSING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Doctor's visits Within normal limits Acceptable normal RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE) DOC# BIM 180123 ADAMS, ANTHONY

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 44 of 106 11-7 400 Bang Koo Time 1554 杜 Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities ن SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position SAFETY ACTIVITIES Siderails: up x 4 Bedside commode Ambularm Ambulate All Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS HYGIENE Checked on rounds P.M. Care Respirations unchanged Peri-Care Doctor's visits

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 45 of 106 3-11 3-11 Time Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Good Turgor: 'Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Anxious Color: WNL Depressed Pale SKIN Flushed Clear Cyanotic Slurred Jaundice Rambling Aphasic Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours Bed in low position SAFETY OOB (chair) Siderails: up x 4 Ambularm Bedside commode Ambulate ad LiB Decub, mattress/pad OTHER TED hose: knee hi/thigh hi Complete/Assist/Partial Remove 30 q 8 hours Shower/Shampoo NURSING ROUNDS Checked on rounds Oral Care HYGIENE Respirations unchanged P.M. Care Peri-Care Doctor's visits Acceptable normal Within normal limits 80/23 4/5/56 RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE)

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 46 of 106 3-11 11-7 3-11 415 Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 Hot BEHAVIOR/MENTAL STATUS Disoriented Cool 'Lethargic Turgor: Good Fair Cooperative Poor Combative/Uncooperative Moisture: Dry سبرا Anxious Moist Depressed Color: WNL, Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: **FUBE FEEDINGS** Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care VURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits MATE NAME (LAST, FIRST, MIDDLE) DOC# RACE/SEX 4/5/56 B/M 180123 adams, anthony KCF

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 47 of 106 2100 2330 700 Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Good Turgor: Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist WNL Color: Depressed Pale Clear Flushed Cyanotic Slurred Jaundice Rambling Aphasic Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours Bed in low position OOB (chair) ACTIVITIES BRP Siderails: up x 4 Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care X Within normal limits Doctor's visits Acceptable normal INMATE NAME (LAST, FIRST, MIDDLE) DOC# RACE/SEX FAC. B/M adams, anthony

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 48 of 106 11-7 3-11 11-7 3-11 Time Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 Hot BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/Irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position SAFETY ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Acceptable normal Within normal limits NMATE NAME (LAST, FIRST, MIDDLE)

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 49 of 106 11-7 3-11 3-11 Time Assessed by (initials): Assessed by (initials): Temperature: Warm Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Color: WNL Depressed Pale Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITIES BRP Siderails: up x 4 Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Acceptable normal Within normal limits DOC# NMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 50 of 106 11-7 3-11 3-11 11-7 Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Anxious WNL Color: Depressed Pale SKIN Clear Flushed Cyanotic Slurred Jaundice Rambling Aphasic Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours Bed in low position OOB (chair) ACTIVITIES BRP Siderails: up x 4 Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER TED hose: knee hi/thigh hi Complete/Assist/Partial Remove 30 q 8 hours Shower/Shampoo NURSING ROUNDS Checked on rounds Oral Care HYGIENE Respirations unchanged P.M. Care Peri-Care v Doctor's visi Within normal limits Acceptable normal RACE/SEX FAC. INMATE NAME (LAST, FIRST, MIDDLE) Alpro

Case 2:07-cv-00351-CSC Filed 07/03/2007 Document 10-3 Page 51 of 106 3-11 3-11 11-7 7:00pr 94 5A 5A Time 64 Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative V Anxious Moist Color: WNL Depressed Pale SKIN Flushed Clear v Cyanotic Slurred Rambling Jaundice SPEECH Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) SAFETY ACTIVITIES Siderails: up x 4 BRP Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care V Doctor's visits v Acceptable normal Within normal limits RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE) FAC.

adams, anthony

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 52 of 106 11-7 3-11 11-7 3-11 Time 1230 Time 1230 Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 BEHAVIOR/MENTAL STATUS Disoriented Cool Lethargic Turgor: Good Fair Poor Cooperative Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale Clear Flushed Slurred Cyanotic Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds 1 HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal X Within normal limits

NMATE NAME (LAST, FIRST, MIDDLE)

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 53 of 106 11-7 3-11 3-11 11-7 / Y& 1800 Assessed by (initials): Assessed by (initials): Temperature: Warm Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Anxious Color: WNL Depressed Pale SKIN Flushed Clear Cyanotic Sturred Rambling Jaundice Aphasic Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) SAFETY ACTIVITIES Siderails: up x 4 BRP Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Acceptable normal Within normal limits DOC# RACE/SEX FAC. NMATE NAME (LAST, FIRST, MIDDLE) ylams

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 54 of 106 3-11 3-11 070 Time 830C Assessed by (initials): NJ Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Color: WNL Depressed Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) ACTIVITIES Siderails: up x 4 Amoularm Bedside commode Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Within normal limits Acceptable normal RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE)

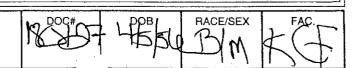
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	Case 2	:07-cv-(00351-CSC	Documen	t 10-3	Filed 07/03/2	007 F	Page 55 of 10	6
		11-7	7-3	3-11			11-7	7-3	3-11
	Time	MRO				Time	BO	(100)	
	Assessed by (initials):	X				Assessed by (initials):	R		
	Alert	1	V			Temperature: Warm		V	
	Oriented x 3	U				· Hot			
SO	Disoriented					Cool			
BEHAVIOR/MENTAL STATUS	Lethargic					Turgor: Good	1		
TAL.						Fair			
/MEN	Cooperative					Poor			
VION.	Combative/Uncooperative					Moisture: Dry			
3EHA	Anxious				-	Moist			
						Color: WNL			1
•	Depressed					Pale			1
					SKIN				
	Clear				ll s	Flushed			
	Slurred					Cyanotic			-
SPEECH	Rambling					Jaundice			
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					<u> </u>				_
	Moves all extremities		1/						
MENT	Weakness					Free of pressure/irritation	י ו		
SENSATION/MOVEMENT					တ္	Tube feeding/Type:			
N/NO.	Paralysis				FEEDINGS				
SATI	Paresthesia				E FEE	Bottle changed			
SEN	CMS intact				TUBE	Tubing changed	11/		
	Bedrest				<u> </u>	Restraints: soft wrist/pose			1
	Turn q 2 hours	$\parallel - \parallel -$				Call light in reach			-
			RA		\parallel	Bed in low position	╢, →	$-\ A -$	
ACTIVITIES	OOB (chair)		20%		SAFETY				1
CTIVI	BRP		- F			Siderails: up x 4			
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	Ambulate	12/	$ \gamma $						_
						Decub. mattress/pad			_
	Complete/Assist/Partial				ОТНЕВ	TED hose: knee hi/thigh h	ni		
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<u>.</u> Ч	Oral Care				1DS	Checked on rounds	مسس	1//	
HYGIENE	P.M. Care				NURSING ROUNDS	Respirations unchange	1 4		
Í	Peri-Care				NG.				
	ZOVI		V		URS				
	Doctor's visits					Acceptable normal		X Within n	ormal limits
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I AMPI	E NAME (LAST, FIRST, N	AUDOFF)		0		DOC# / / / / / / /	\ \tau_1/7	RACE/SEX	17.0.
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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 56 of 106 3-11 11-7 3-11 Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Anxious WNL Color: Depressed Pale Clear Flushed Cyanotic Slurred Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) SAFETY ACTIVITIES Siderails: up x 4 Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care

INMATE NAME (LAST, FIRST, MIDDLE)

Doctor's visits



Within normal limits

Acceptable normal

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 57 of 106 11-7 HA 4 Assessed by (initials): 63 Assessed by (initials): Temperature: Warm Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Color: WNL Depressed Pale SKIN Clear Flushed Sturred Cyanotic Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: **TUBE FEEDINGS** Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) ACTIVITIES SAFETY BRP Siderails: up x 4 Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds V HYGIENE Respirations unchanged P.M. Care Peri-Care Doctor's visits Acceptable normal Within normal limits NMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX DOC# FAC. 180127 4/5/56 B/M KCF

Adams, Hothony

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 58 of 106 11-7 3-11 Time Time Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented Turgor: Lethargic Good C Fair Poor Cooperative Dry Combative/Uncooperative Moisture: Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position SAFETY ACTIVITIES Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits X VMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX FAC. 4/5/56 Bm Anthony



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/21/04	S-NO COMPLAINTS
0400	0-Continue Resp Isolation NO Acute
	distress NOTED
	A-AIT IN Health Stadus RIT DX
	P-Continue POC - PB/MP
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PRISON HEALTH

PRISON HEALTH SERVICES INCORPORATE	D				Date 1 7	+2104			
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Ě	Slow .								
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Œ.	Abnormal				NGS	Dressing Changed			
	Cough - Productive				WOUNDS/ULCERS/DRESSINGS	Size			1
	Non-Productive				IS/DR	Туре			
	Humidified O2 Therapy				LCEF	Location			
	L/Minute				DS/C				
	Incentive Spirometer				WOUN				
	Suctioning-Oral/NI/Trach								
	Abdomen soft & nondistended								
z	Abnormal								
ABDOMEN	Bowel sounds - Active				TREATMENTS				
ABC	Abnormal				EATM				
	Pain-Tenderness				# #				
	Regular							1.	
121	Irregular					Bottle #/Rate			
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ULSE	Weak								
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	Radial				H H				
	Patient Teaching				<u> </u>				
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ORY	Slow							114
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	Abnormal		``		INGS	Dressing Changed		
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	Humidified O2 Therapy				JLCE	Location		
	L/Minute				WOUNDS/ULCERS/DRESSINGS			
	Incentive Spirometer				now			
	Suctioning-Oral/NI/Trach							
	Abdomen soft & nondistended			1				9
Z	Abnormal							
ABDOMEN	Bowel sounds - Active		1	V	MENTS			
ABI	Abnormal				TREATM			
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111	Irregular					Bottle #/Rate		
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₫.	Apical				APY			
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	Patient Teaching				<u> </u>			
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		3-11	DEVILLE	ansRV	3-11		3-11	

PRISON

	7/21/04	11-	7	7-	3	3-1	1		-	11-7	7-3	3-11
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PULSE/RATE	Regular Irregular Strong Weak Apical Radial						/	I.V. THERAPY	Bottle #/Rate			
REFERRALS	Patient Teaching								Site and Rate checke every two hours	d		



PRISON HEALTH SERVICES					Date	1/20/04			
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	Labored				AND				
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LL.	Abnormal				NGS	Dressing Changed			
	Cough - Productive				ESSI	Size			
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	Humidified O2 Therapy), CCER	Location			
	L/Minute				NDS/L				
	Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS				
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	Pain-Tenderness				T F				
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NU SI	JRSE'S GNATURE:	7-3			7-3		7-3		
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PRISON HEALTH SERVICES

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PRISON HEALTH SERVICES

PRISON HEALTH SERVICES				Date	7-18-04				
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PRISON HEALTH

PRISON HEALTH SERVICES CORPORATED						Date	7/17/4			
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183	Irregular						Bottle #/Rate			
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PULSE/RATE	Weak									
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K1/	JRSE'S RN	11-7	 		LPN	LPN 11-7 11-7				
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DAILY PATIENT ASSESSMENT SHEET

Titrie	PRISON HEALTH SERVICES ICORPORATED					Date	71	16/0	04	
Doubly Normal Shallow Deep Labored Pate - WNIL Slow Pacid Sounds - Cear Almormal Cough - Productive Humdfied Q2 Therapy LVM ruse Incentive Sporneter Suctioning-Om-Nulfrisch Bows sounds - Active Bows sounds - Active Tregular Pain-Tendurios Pain-Tendurios			0500	08:00	3-11			(Sa)		3-11
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Irregular Strong Weak Apical Radial Apical Patient Teaching Site and Rate checked every two hours	ABDOMEN	Abdomen soft & nondistended Abnormal Bowel sounds - Active Abnormal Pain-Tenderness				TREATMENTS				
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	REFERRALS						Site and Rate check every two hours	ked		

PRISON HEALTH SERVICES INCORPORATED					Date	7/15/04			
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DAILY PATIENT ASSESSMENT SHEET

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₹	Abnormal				TREATMENTS				
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PRISON HEALTH SERVICES INCORPORATED	Adams, A	•	٠		Date 7	10104			
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DAILY PATIENT ASSESSMENT SHEET

PRISON HEALTH SERVICES NCORPORATED			•		Date 7/9	
	Thme	11-7	07/0	3-11	Time 07/0	3-11
	Assessed by (initials):				Assessed by (initials):	
·	Ouality Normal Shallow Deep			V	AAINAGE	
ТО ВУ	Labored Rate - WNL				TUBES AND DRAINAGE	
RESPIRATORY	Rapid Sounds - Clear Abnormal Cough - Productive				Wound healing S inflammation Dressing Dry & Intact Dressing Changed Size Size	
	Non-Productive Humidified O2 Therapy L/Minute Incentive Spirometer Suctioning-Oral/NI/Trach				Size Type Location Control C	
ABDOMEN	Abdomen soft & nondistended Abnormal Bowel sounds - Active Abnormal Pain-Tenderness				TREATMENTS	
PULSE/RATE	Regular Irregular Strong Weak Apical				Bottle #/Rate	
REFERRALS	Patient Teaching				Site and Rate checked / every two hours	
NU SIC	RSE'S RNATURE:	1 11-7 7-3		LPN 1	TO A GO	

PRISON HEALTH SERVICES INCORPORATED				÷	Date	1go4		
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ATORY	Quality Normal Shallow Deep Labored Rate - WNL Slow Rapid				TUBES AND DRAINAGE	Wound healing \$ inflammation		
RESPIRATORY	Sounds - Clear Abnormal Cough - Productive Non-Productive Humidified O2 Therapy L/Minute Incentive Spirometer Suctioning-Oral/NI/Trach				WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact Dressing Changed Size Type Location		
ABDOMEN	Abdomen soft & nondistended Abnormal Bowel sounds - Active Abnormal Pain-Tenderness			V	TREATMENTS			
PULSE/RATE	Regular Irregular Strong Weak Apical Radial				I.V. THERAPY	Bottle #/Rate		
REFERRALS	Patient Teaching				1.V.1	Site and Rate checked every two hours		
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PRISON HEALTH

PRISON HEALTH SERVICES INCORPORATED	, · ·				Date	5/25/04		
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IALS								
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111	Irregular					Bottle #/Rate			
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PRISON HEALTH SERVICES CORPORATED					Date C	5/28/04			
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	Assessed by (initials):	No	924	go		Assessed by (initials):	III.		1 QQ
RESPIRATORY	Ouality Normal Shallow Deep Labored Rate - WNL Slow Rapid Sounds - Clear Abnormal Cough - Productive Non-Productive Humidified O2 Therapy L/Minute Incentive Spirometer Suctioning-Oral/Ni/Trach				WOUNDS/ULCERS/DRESSINGS TUBES AND DRAINAGE	Wound healing S inflammation Dressing Dry & Intact Dressing Changed Size Type Location			
ABDOMEN	Abdomen soft & nondistended Abnormal Bowel sounds - Active Abnormal Pain-Tenderness Regular				TREATMENTS				
PULSE/RATE	Irregular Strong Weak Apical Radial				I.V. THERAPY	Bottle #/Rate			
REFERRALS	Patient Teaching					Site and Rate checke every two hours	d		
NU SIC	IRSE'S GNATURE:	7-3	O. Llezar	LPN 1	1-7	J. Vo. 0. 4.81	7-3		-

SERVICES SCORPORATED					Date	5/29/04			
		11-7	7-3	3-11			11-7	7-3	3-11
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	Assessed by (initials):	221	69	0/		Assessed by (initials):	PH	63	aj
	Quality								
	Normal	1	V						
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	Labored				AND				
	Rate - WNL	1	/		TUBES AND DRAINAGE				
)RY	Slow							<u> </u>	
RESPIRATORY	Rapid					Wound healing S inflammation			
RESPI	Sounds - Clear					Dressing Dry & Intact			
ii.	. Abnormal				NGS	Dressing Changed			
	Cough - Productive				RESSI	Size			
	Non-Productive				RS/DF	Туре			
	Humidified O2 Therapy				JI CE	Location			
	L/Minute				WOUNDS/ULCERS/DRESSINGS				
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	Suctioning-Oral/NI/Trach								
	Abdomen soft & nondistended							-	
z	Abnormal				(0				
ABDOMEN	Bowel sounds - Active		V		TREATMENTS				
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	Pain-Tenderness								
	Regular		V						
bi	Irregular					Bottle #/Rate		5	
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	Patient Teaching	1	,	,	<u>≥</u>				
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REFERRALS						Site and Rate checks every two hours	ed		
	JRSE'S RNATURE:	RN 11-7	Guelee Fol	LPN	11-7	4 un	11-7		

PRISON HEALTH SERVICES INCORPORATED	Adams, A	nthony			Date 🧷	5/30/04			
		11-7	7-3	3-11			11-7	7-3	3-11
<u> </u>	Time ·	ps	19A	9:30pm		Time	25	90	93000
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	Shallow				IAGE				
	Deep				DRAIN				
	Labored				TUBES AND DRAINAGE	-			
	Rate - WNL	/			IBES,				
¥	Slow				=				
RATOR	Rapid					Wound healing S inflammation			
RESPIRATORY	Sounds - Clear					Dressing Dry & Intact		1	
æ	Abnormal				NGS	Dressing Changed			,
	Cough - Productive				ESSII	Size			
	Non-Productive				S/DR	Туре			
	Humidified O2 Therapy				LCEP	Location ·			
	L/Minute				NDS/L				
	Incentive Spirometer				WOUNDS/ULCERS/DRESSINGS	,			
	Suctioning-Oral/NI/Trach								
	Abdomen soft & nondistended		1						
7	Abnormal				1				
ABDOMEN	Bowel sounds - Active		V		TREATMENTS				
ABD	Abnormal				EATIV				
	Pain-Tenderness				E				
	Regular					,			
	Irregular					Bottle #/Rate			
PULSE/RATE	Strong								
ULSE	Weak								
	Apical				RAPY				
	Radial				I.V. THERAPY				
	Patient Teaching] -				
RALS									
REFERRALS						Site and Rate checked			
						every two hours			
N.	URSE'S	RN 11-7	Dearin	LPN 1			11-7		
	IGNATURE:	7-3	Julean Kr	7 / 1	7-3		7-3		

PRISON HEALTH SERVICES INCORPORATED					Date	5/31/	Ý .		
		11-7	7-3	3-11			11-7	7-3	3-11
	Time	(ID)	0700	1704 any		Time Assessed by (initials):	OCREO D	070	1700 on
RESPIRATORY	Assessed by (initials): Quality Normal Shallow Deep Labored Rate - WNL Slow Rapid Sounds - Clear Abnormal Cough - Productive Non-Productive Humidified O2 Therapy L/Minute Incentive Spirometer Suctioning-Oral/NI/Trach				WOUNDS/ULCERS/DRESSINGS TUBES AND DRAINAGE	Wound healing S inflammation Dressing Dry & Intact Dressing Changed Size Type Location			
ABDOMEN	Abdomen soft & nondistended Abnormal Bowel sounds - Active Abnormal Pain-Tenderness				TREATMENTS				
PULSE/RATE	Regular irregular Strong Weak Apical Radial				I.V. THERAPY	Bottle #/Rate			
REFERRALS	Patient Teaching				<u>-</u>	Site and Rate checke every two hours	d :		
NU SIC	JRSE'S GNATURE:	N 11-7 7-3		LPN 1	3 BA	The state of the	7-3		



ERVICES ORPORATED				·-		···			1,1,1			3-11
		11-7		7-3		3-1	1		Time	11-7	024	170
	Time	-		17.0		1700			Assessed by (initials):		m	gn
	Assessed by (initials):		L	<u> </u>	=	an						- 471
	Quality		4						·	1		
	Normal			1				in in				
	Shallow							TUBES AND DRAINAGE				
	Deep							70 O				
	Labored							ES AN			$-\ +\ -$	
	Rate - WNL	4		0			-	TUB				
rony	Slow									<u> </u>	_ -\-	
RESPIRATORY	Rapid	-						[Wound healing S inflammation			
RES	Sounds - Clear			1	, 			ا د	Dressing Dry & Intact		- -	
	Abnormal							WOUNDS/ULCERS/DRESSINGS	Dressing Changed			
	Cough - Productive					1	ļ	PRES	Size			
	Non-Productive					<u> </u>		ERS/C	Туре			- -
	Humidified O2 Therapy					<u> </u>		VLC6	Location			_ _
	L/Minute							SON				_ _
	Incentive Spirometer							WOL				_\
	Suctioning-Oral/NI/Trach						<u> </u>					
	Abdomen soft & nondistended			1								
z	Abnormal) s				
OMEN	Bowel sounds - Active			1	ļ	1	1	AENTS				
ABD	Abnormal							TREATM				
	Pain-Tenderness]				
	Regular		7	1/2	1	10	7				_	
	Irregular								Bottle #/Rate	Į.		
PULSE/RATE	Strong											
JLSE/	Weak		1	1	1							
. ਦ	Apical	<u> </u>	1					.APY				
	Radial	 	-	1	1			JL				
	Patient Teaching	<u> </u>	†	1	 			≥				
4LS			<u> </u>	1	-							
REFERRALS					+		-		Site and Rate checked			
REF		-{-		-	+-		-	-	every two hours			
		11-7					LPN	11.7 A	Aonol_	11-7		

	Case)351-CSC	Documen	10-3 Filed 07	· · · · · · · · · · · · · · · · · · ·	age 84 of 106	
	Time	11-7	7-3 D70	3-11 V/00	Time	11-7	020 1700	= -
	Assessed by (initials):		100	an	Assessed by (init	ials):	D - 00	
	Alert				Temperature: Wa	ım ,		
	Oriented x 3		1/		Но			
S	Disoriented				Co	ool		
STAT	Lethargic	<i>2</i> /			Turgor: Good			
ATAL					Fair			
R/ME	Cooperative		4		Poor			
BEHAVIOR/MENTAL STATUS	Combative/Uncooperative				Moisture: Dry			
BET	Anxious				Moist			
	Depressed				Color: WNL		V	
	_				Pale			
	Clear		V		N Flush	ned		
	Slurred				Cyar	ootic		
E E	Rambling		and the second s		Jaun	dice		
SPEECH	Aphasic							
	Inappropriate				Edema (location	/amount)	b 1	
][]				
<u></u>	Moves all extremities	1						
·	Weakness				Free of pressure	/irritation		
SENSATION/MOVEMENT					თ Tube feeding/Ty	pe:		
NO.	Paralysis				EDIN			
ENSA	Paresthesia				Bottle changed Tubing changed			
s	CMS intact				Tubing changed			
	Bedrest				Restraints: soft w	rist/posey		
	Turn q 2 hours				Call light in read	in		
ES	OOB (chair)				Bed in low positive Siderails: up x 4	ion		
ACTIVITIES	BRP.	-			Siderails: up x 4			
A	Bedside commode				Ambularm			
	Ambulate			12				
					Decub. mattres.	s/pad		
	Complete/Assist/Partial				TED hose: knee			
	Shower/Shampoo	<u> </u>		_	Hemove 30 q 8	hours		
n n	Oral Care				Checked on rou	unds	V	
HYGIENE	P.M. Care				Respirations un	changed .		
	Peri-Care				Checked on rou			.
	Selt		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	V				
	Doctor's visits]			✓ Acceptable nor	mal	X Within normal limits	s
NMATE	ENAME (LAST, FIRST, I	MIDDLE)			180127	ров 4/5/5L	RACE/SEX FAC.	
	Hdams, Hw	11 617	- ·		Lionia			

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 85 of 106 1400 Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Good **Lethargic** Fair Poor Cooperative Moisture: Dry Combative/Uncooperative **Anxious** Moist Color: WNL Depressed Pale Clear Flushed Cyanotic Slurred Rambling Jaundice Aphasic Ø Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours Bed in low position OOB (chair) SAFETY ACTIVITIES Siderails: up x 4 Ambularm Bedside commode Ambulate Decub, mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Doctor's visits Within normal limits Acceptable normal RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE)

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 86 of 106 3-11 9,1392 Time Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Good Turgor: Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Moist Color: WNL Depressed Pale Flushed Clear Cyanotic Slurred Rambling Jaundice SPEECH Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) SAFETY Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Doctor's visits Within normal limits Acceptable normal DOB 4/5/56 RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE) DOC# FAC. 180127 Adams, Anthony

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 87 of 106 3-11 Time 050 C 63 Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Turgor: Good **Lethargic** Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Color: WNL Depressed Pale Clear Flushed Cyanotic Slurred Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) SAFETY ACTIVITIES BRP Siderails: up x 4 Ambularm Bedside commode Ambulate Sek Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Within normal limits Acceptable normal INMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 88 of 106 3-11 3-11 200 05 Žŏć Time Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Good Turgor: Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist WNL Color: Depressed Pale SKIN Flushed Clear Cyanotic Slurred Rambling Jaundice Aphasic Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Call light in reach Turn q 2 hours-سنا Bed in low position OOB (chair) ACTIVITIES Siderails: up x 4 BRP Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Acceptable normal Within normal limits 4/05/56 B/M FAC. INMATE NAME (LAST, FIRST, MIDDLE) Adams, Anthony KCF

	Case 2:0	07-cv-00	351-CSC	Document	10-3	Filed 07/03/20	07 Pa	ige 89 of 106)
		11-7	7-3	3-11			11-7	7-3	3-11
	Time		0735			Time		0755	
	Assessed by (initials):		16			Assessed by (initials):			
	Alert					Temperature: Warm			
	Oriented x 3					· Hot			
န္	Disoriented					Cool			
STAT	Lethargic					Turgor: Good			
ATAL						Fair .			
/WE	Cooperative		2			Poor			
BEHAVIOR/MENTAL STATUS	Combative/Uncooperative					Moisture: Dry			
BEH,	Anxious					Moist			
	Depressed					Color: WNL		1	
	'					Pale			
	Clear				SKIN	Flushed			
	Slurred					Cyanotic			
+	Rambling					Jaundice			
SPEECH	Aphasic	<u> </u>				Saul 1830			
S						Edomo (logation/amount)			
	Inappropriate					Edema (location/amount)		- - - - - - - - - - - - - 	
Ę	Moves all extremities		1					- 48	
ENSATION/MOVEMENT	Weakness					Free of pressure/irritation			
/MOV		·			S ₀	Tube feeding/Type:	-		
NOIT	Paralysis				EDI				1
ENSA	Paresthesia				BE FEEDINGS	Bottle changed			
<u></u>	CMS intact				₽	Tubing changed			
	Bedrest					Restraints: soft wrist/posey			
	Turn q 2 hours					Call light in reach			
S	OOB (chair)				<u>}</u>	Bed in low position	***************************************	1	
ACTIVITIES	BRP .				SAFETY	Siderails: up x 4			
ACT	Bedside commode					Ambularm			
	Ambulate		2						
	·					Decub. mattress/pad			
	Complete/Assist/Partial				ОТНЕВ	TED hose: knee hi/thigh hi			
	Shower/Shampoo				Б	Remove 30 q 8 hours			
10	Oral Care				SS	Checked on rounds			1
HYGIENE	P.M. Care				NURSING ROUNDS	Respirations unchanged			1
Η	Peri-Care				NG NG	, , , , , , , , , , , , , , , , , , , ,			-
	Deld /		1		URSIII		1		1
	Doctor's visits	 			Ž	Acceptable normal		x Within no	rmal limits
		11			<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	NAME (LAST, FIRST, M			\wedge		DOC#	DOB	RACE/SEX	FAC.
	don			Anth.		180 127 4	11/10	B/m 1	CP

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 90 of 106 Time Time Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Hot Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented Turgor: Good 'Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice SPEECH Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position OOB (chair) SAFETY ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits RACE/SEX INMATE NAME (LAST, FIRST, MIDDLE) B/M adams, anthony 180127

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 91 of 106 11-7 11-7 230 Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Good Turgor: **Lethargic** Fair Poor Cooperative Moisture: Dry V Combative/Uncooperative Moist **Anxious** WNL Color: Depressed Pale SKIN Flushed Clear Cyanotic Slurred Jaundice Rambling SPEECH Aphasic Edema (location/amount) Inappropriate Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Restraints: soft wrist/posey Bedrest Call light in reach Turn q 2 hours Bed in low position SAFETY OOB (chair) Siderails: up x 4 BRP Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER TED hose: knee hi/thigh hi Complete/Assist/Partial Remove:30 q 8 hours Shower/Shampoo NURSING ROUNDS Checked on rounds Oral Care HYGIENE Respirations unchanged P.M. Care Peri-Care Doctor's visits Within normal limits Acceptable normal 18012745 RAÇE/SEX INMATE NAME (LAST, FIRST, MIDDLE) adamo

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 92 of 106 11-7 3-11 Time Time Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 BEHAVIOR/MENTAL STATUS Cool Disoriented Turgor: Good Lethargic Fair Poor Cooperative Moisture: Dry Combative/Uncooperative Anxious Moist Color: WNL Depressed Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey -05ED Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITIES SAFETY BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER -Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits X INMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX FAC. B M

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 93 of 106 3-11 1800 0710 0710 Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Hot Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented 7 Lethargic Turgor: Good Fair Poor Cooperative Combative/Uncooperative Moisture: Dry Anxious Moist Color: WNL Depressed Pale SKIN Clear Flushed Slurred Cyanotic Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) SAFETY Bed in low position ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete Assist/Partial TED hose: knee hi/thigh hi Remove 30 q 8 hours Shower/Shampoo Oral Care **NURSING ROUNDS** Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits INMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 94 of 106 3-11 3-11 16,30 Time Time 0400 Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 Hot BEHAVIOR/MENTAL STATUS Discriented Cool Lethargic Turgor: Good Fair Cooperative Poor Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic SPEECH Rambling Jaundice Aphasic Inappropriate Edema (location/amount) -£ Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey sec Turn q 2 hours Call light in reach OOB (chair) ACTIVITIES Bed in low position SAFETY BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad Complete/Assist/Partial OTHER TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care HYGIENE NURSING ROUNDS Checked on rounds P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits MATE NAME (LAST, FIRST, MIDDLE) DOC# RACE/SEX Adams, Anthony Bm

Bedrest Turn q 2 hours SU OOB (chair) BRP Badside commode Ambulate Complete/Assist/Partial Shower/Shampoo Oral Care Peri-Care Peri-Care Peri-Care Peri-Care Doctor's fisits MATE NAME (LAST, FIRST, MIDDLE) Restraints: soft wrist/posey Call light in reach Bed in low position Siderails: up x 4 Ambularm Decub. mattress/pad TED hose: knee hl/thigh hi Remove 30 q 8 hours Checked on rounds Respirations unchanged X Within normal limits MATE NAME (LAST, FIRST, MIDDLE) DOC# DOB RACE/SEX FAC	Cas	e 2:07-cv-(00351-CSC	Docume	nt 10-3	Filed 07/03/2007	Page 95 of 1	106
Temperature: Warm Contented 3 Cook C		11-7	7-3	3-11		11-7		3-11
Temperature: Warm Contented 3 Cook C	Time	1//120		1700	Time	630	8A	100
Tomperature: Without State Cook State Stat	Assessed by (initials):		93	an/	Asses	ssed by (initials):	£F [an
Cooperative Cooperative	Alert	U			Temp	erature: Warm	- /	
Lethargic Concentative Consistency Consis	Oriented x 3	1				Hot		
Cooperative	Disoriented					Cool		
Comparisive Combalive Uncooperative Anstinus Depressed D	Lethargic				Turgo	or: Good	-	0
Moisture: Dry Moist Color: WNJ. Color: WNJ. Pale Flushed Cyanotic Cyanot						Fair		
Conhabit-vet/incooperative Anxious Depressed D	Cooperative	11/				Poor		
Anxidus Depressed Color: WNL Pale Flushed Cyanotic Jaundice Aphesic Inappropriate Inappr		ve l			Mois	ture: Dry		
Depressed Color: Whit. Pale Flushed Cyanotic Jaundoce Rambling Aphesic Inappropriate I	 					Moist		
Clear Sturred Flushed Cyanotic Sturred Cyanotic Jaundice Cyanotic Jaundice Cyanotic Jaundice Cyanotic Jaundice Cyanotic Jaundice Coation/amount Jaundice Cyanotic Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Coation/amount Jaundice Jau					Colo	r: WNL		
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Situred Cyanotic					KS -		,	
Rambling Aphasic Inappropriate Moves all extremities Weakness Weakness Paresthesia CMS inlacd Bediest Turn q 2 hours sub Cool (chair) BRP Badiside commode Ambularer Corplete/Assist/Partial Shower/Shampoo Call light in reach Bed in low position Sideralis: up x 4 Ambularer Decub. mattress/pad TED hose: knee hi/bigh hi Remove 30 q 8 hours Parestriations unchanged Chacked on rounds Chacked on rounds Chack				╢	"			
Aphasic Inappropriate Moves all extremities Weakness Weakness Weakness Paralysis Paralysis Parashesia CMS inlact Defrest Turn q 2 hours c. l								
Inappropriate Moves all extremities Weakness Weakness Peralysis Peralysis Peralysis Peresthesia CMS inlact CMS inlact CMS inlact Doctor's visits Edema (location/amount) Free of pressure/irritation Tube feeding/Type: Bottle changed Tubing changed Tubing changed Antipularin Restraints: soft wrist/pocey Call light in reach Sideralis: up x 4 Antipularin Decub. mattross/pad TED hose: knee hithligh hi Remove 30 q 8 hours Checked on rounds Peri-Care Peri-Care Pori-Care Pori-Care Acceptable normal X Within normal limits						Jaurioice		
Moves all extremities Weakness Weakness Peralysis Peralysis Peresinesia CMS inlact CMS inlact Dodle changed Tubing changed Tubing changed Tubing changed Call light in reach Bed in low position Sideralis: up x 4 Ambulate Ambulate Complete/Assist/Partial Shower/Shampoo Oral Care Peri-Care Peri-Care Doctor's visits Acceptable normal X Within normal limits	1							
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Weakness Free of pressure/irritation Paralysis Paralysis Paresthesia CMS intact Decrest Turn q 2 hours q l l l l l l l l l l l l l l l l l l								
CMS intact F Tubing changed						- '		_
CMS intact F Tubing changed	Weakness				Fre	e of pressure/irritation		
CMS intact F Tubing changed					g Tut	pe feeding/Type:		
CMS intact F Tubing changed	Paralysis				ED K			
CMS intact F Tubing changed	Paresthesia				Bot Bot	ttle changed		
Turn q 2 hours Call light in reach Bed in low position Siderails: up x 4 Ambulate Complete/Assist/Partial Shower/Shampoo Oral Care Peri-Care Peri-Care Peri-Care Pori-Care Pori-						oing changed		
OOB (chair) BRP Bed in low position Siderails: up x 4 Ambularm Complete/Assist/Partial Shower/Shampoo Oral Care Peri-Care Peri-Care Doctor's visits PAcceptable normal Acceptable normal A Within normal limits	Bedrest				Re	straints: soft wrist/posey		
OOB (chair) BRP Bed in low position Siderails: up x 4 Ambularm Complete/Assist/Partial Shower/Shampoo Oral Care Peri-Care Peri-Care Doctor's visits Bed in low position Siderails: up x 4 Ambularm Decub. mattress/pad TED hose: knee hi/thigh hi Remove 30 q 8 hours Checked on rounds Respirations unchanged Acceptable normal X Within normal limits	Turn q 2 hours c, L	1 1			Ca	Il light in reach		
Bedside commode Ambulate Complete/Assist/Partial Shower/Shampoo Oral Care Peri-Care Peri-Care Decub. mattress/pad TED hose: knee hi/thigh hi Remove 30 q 8 hours Checked on rounds Respirations unchanged Ambularm Decub. mattress/pad TED hose: knee hi/thigh hi Remove 30 q 8 hours V Acceptable normal X Within normal limits		5			Be _	d in low position		
Bedside commode Ambulate Complete/Assist/Partial Shower/Shampoo Oral Care Peri-Care Peri-Care Decub. mattress/pad TED hose: knee hi/thigh hi Remove 30 q 8 hours Checked on rounds Respirations unchanged Ambularm Decub. mattress/pad TED hose: knee hi/thigh hi Remove 30 q 8 hours V Acceptable normal X Within normal limits	BRP				SAFE.	derails: up x 4		
Ambulate Complete/Assist/Partial Shower/Shampoo Oral Care P.M. Care Peri-Care Doctor's visits Doctor's visits Doctor's visits Decub. mattress/pad TED hose: knee hi/thigh hi Remove 30 q 8 hours Checked on rounds Respirations unchanged X Within normal limits	Bedside commode				-11	nbularm		
Complete/Assist/Partial Shower/Shampoo Oral Care Pen-Care Pen-Care Doctor's visits Decub. mattress/pad TED hose: knee hi/thigh hi Remove 30 q 8 hours Checked on rounds Respirations unchanged Acceptable normal X Within normal limits								
Complete/Assist/Partial Shower/Shampoo Oral Care P.M. Care Peri-Care Doctor's visits TED hose: knee hi/thigh hi Remove 30 q 8 hours Checked on rounds Respirations unchanged Acceptable normal X Within normal limits	Amodate					ocub mottross/pad		
Oral Care P.M. Care Peri-Care Doctor's visits Premove 30 q 8 nours Checked on rounds Respirations unchanged Acceptable normal X Within normal limits								-
Oral Care P.M. Care Peri-Care Doctor's visits Premove 30 q 8 nours Checked on rounds Respirations unchanged Acceptable normal X Within normal limits		ial		_	- E E			
Doctor's visits Acceptable normal X Within normal limits	Shower/Shampoo							
Doctor's visits Acceptable normal X Within normal limits	Oral Care				SQN CI		7 1 ~ 1	11
Doctor's visits Acceptable normal X Within normal limits	P.M. Care				J P	espirations unchanged L	1-11-1-	
Doctor's visits Acceptable normal X Within normal limits	Peri-Care		<u>' </u>	1.4	SINC			
	Seth	1		V	N N			
MATE NAME (LAST, FIRST, MIDDLE) DOC# DOB RACE/SEX FAC.	Doctor's visits				1 8.			normal limits
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MATE NAME (LAST, FIRS	T, MIDDLE)				DOC# DOB	RACE/SEX	FAC.
				D. I)	10122 14-5.	56 188	

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Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 96 of 106 3-11 7-3 (860) Time Time 1800 Qa $\sqrt{\omega}$ Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Oriented x 3 BEHAVIOR/MENTAL STATUS Disoriented Cool Turgor: Good Lethargic Fair Poor Cooperative Dry Combative/Uncooperative Moisture: Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic Rambling Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Weakness Free of pressure/irritation Tube feeding/Type: TUBE FEEDINGS Paralysis Paresthesia Bottle changed CMS intact Tubing changed Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) Bed in low position ACTIVITIES BRP Siderails: up x 4 Bedside commode Ambularm Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours NURSING ROUNDS Oral Care HYGIENE Checked on rounds P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal Within normal limits VMATE NAME (LAST, FIRST, MIDDLE) DOC# DOB RACE/SEX OAM5

	Case 2:07-c	V-00331-CC	, Docum	nent 10-3 Filed 07	andria qualità i dell'arch	Page 97 c	
The second secon	117-7	7-3	3-11		11-7	7-3	3-11
Time	7050	075	250	Time	-1551	(10)	100
Assessed by (initia	s): 23			Assessed by (initials)			
Alert				Temperature: Warm			4-1-1
Oriented x 3				- Hot			
Disoriented				Cool		1	$-\parallel$
Lethargic				Turgor: Good			
				Fair		<u> </u>	
Cooperative				Poor		1	_
Combative/Uncod	perative			Moisture: Dry			
Anxious				Moist		1	_
Depressed				Color: WNL			
				Pale			
Clear				Flushed			
Siurred	— - -			Cyanot	ic		
				Jaundi	ce		
Rambling Aphasic							
Inappropriate				Edema (location/a	mount)	A	
парргорнате							
Moves all extre	nities			Free of pressure/	rritation		
Weakness Paralysis Paresthesia			_	Tube feeding/Tur			
<u> </u>				Bottle changed			
Paralysis				Bottle changed			
Paresthesia		-		Tubing changed		- +-	
CMS intact							
Bedrest				Restraints: soft w			
Turn q 2 nour	; <u> </u>			Call light in reac			
OOB (chair)				Bed in low posit		$-\parallel \nu - \parallel$	
BRP Bedside com							
Bedside com	node			Ambularm			
Ambulate	<u> </u>						
				Decub. mattres			
Complete/A:	sist/Partial			TED hose: knee	hi/thigh hi		 +
Shower/Sha	mpoo			Hemove 30 q a	hours		
ພ Oral Care				Checked on ro	unds 1		1112
Oral Care P.M. Care				Respirations u	nchanged		
Peri-Care				Checked on rough			
1 31 311	COLL			NUR			
ļi				✓ Acceptable no	omal	x v	Vithin normal limit
Doctor's vis							
Doctor's vis		<u> </u>		DOC#	DOB	PACE/SI	EX FAC
Doctor's vis)	1	DOC#	DOB	B N	VA

Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 98 of 106 A. Emil 3-11 OCID Time 0400 Time $N^{\nu_{\gamma}}$ MB Assessed by (initials): Assessed by (initials): Alert Temperature: Warm Hot Oriented x 3 Cool BEHAVIOR/MENIAL SIA1US Disoriented Lethargic Turgor: Good Fair Poor Cooperative Combative/Uncooperative Moisture: Dry Anxious Moist Depressed Color: WNL Pale SKIN Clear Flushed Slurred Cyanotic . Rambling SPEECH Jaundice Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach OOB (chair) SAFETY Bed in low position ACTIVITIES BRP Siderails: up x 4 Ambularm Bedside commode Ambulate Decub. mattress/pad OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE P.M. Care Respirations unchanged Peri-Care Doctor's visits Acceptable normal X Within normal limits RACE/SEX NMATE NAME (LAST, FIRST, MIDDLE) 4/5/5b 180127 Blm Adams Anthony

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	Time	520P		17Q	3	3-	1800		Time	029		7-3	3	11
	Assessed by (initials):	23		W			00		Assessed by (initials):	宛		6		00
	Alert			4					Temperature: Warm					
	Oriented x 3			1/	-		4		Hot					
.	Disoriented						<u> </u>		Cool					ļ
	'Lethargic								Turgor: Good					
	Contago								Fair			r -		
	Cooperative				_			·	Poor					
				V			1		Moisture: Dry				_	
	Combative/Uncooperative	·												
	Anxious								Moist					-
	Depressed								Color: WNL			V		_
								z	Pale					ļ
	Clear	2		V			1	SKIN	Flushed					
	Slurred .								Cyanotic					
	Rambling								Jaundice					
	Aphasic													
	Inappropriate								Edema (location/amount)					1
														+ t
	Moves all extremities			V										$\dagger \dagger$
-	Weakness								Free of pressure/irritation			 		+
	Trouvilous							<u> </u>] []				<u> </u>
7	Develor							E FEEDINGS	Tube feeding/Type:	 			-	1
2	Paralysis							EEDI						$\!$
	Paresthesia							TUBE F	Bottle changed				_ _	#
	CMS intact							=	Tubing changed					1
	Bedrest								Restraints; soft wrist/posey	4		,		
	Turn q 2 hours								Call light in reach					
]	OOB (chair)							<u></u>	Bed in low position			1		
	BRP							SAFETY	Siderails: up x 4					
2	Bedside commode		,						Ambularm					
	Ambulate			1/				1						
									Decub. mattress/pad	1				1
	Complete/Assist/Partial							OTHER	TED hose: knee hi/thigh hi			-/		1
	Shower/Shampoo							Ē	Remove 30 q 8 hours	1				+
ر	Oral Care							<u> </u>	Checked on rounds	J	<u> </u>		_ _	#
	P.M. Care	 				<u> </u>	 	NURSING ROUNDS						+-
<u>.</u>				·				G RC	Respirations unchanged	-	ļ			
	Peri-Care	 		1			/	RSIN				 		<u> </u>
	Sell			V										
	Doctor's visits					<u> </u>			Acceptable normal			x Within	normal lin	nits
	NAME (LAST, FIRST, M	1001 C)							DOC#	DOB		ACE/SEX	T = .	·C.

	Case 2:0	07-cv-003	51-CSC	Document	10-3	Filed 07/03/	2007 Pag	ge 100 of 1	06
······································	7	11-7	7-3	3-11		Time	11-7	7-3 0800	3-11
			CSOO			Assessed by (initials):		(2)	124
	Assessed by (initials):		8/						
	Alert					Temperature: Warm	1	1-4	
	Oriented x 3			V		· Hot			
ATUS	Disoriented					Cool			
L ST/	Lethargic			<u> </u>		Turgor: Good			
ALL	·					Fair			
B/WB	Cooperative			V		Poor			
BEHAVIOR/MENTAL STATUS	Combative/Uncooperative					Moisture: Dry		1	1
BEH	Anxious					Moist			
	Depressed					Color: WNL		1	
						Pale			
	Clear		1		SKIN	Flushed			
	Siurred	,				Cyanotic			
T	Rambling					Jaundice			
SPEECH	Aphasic					Jaunoice			_ -
S.									
	Inappropriate					Edema (location/amo	ount)		_ - -
E	Moves all extremities			1/		·····		Market Control	
MEN	Weakness					Free of pressure/irrit	ation		
SENSATION/MOVEMENT					Sg	Tube feeding/Type:			
NO.	Paralysis				FEEDINGS				
ISAT	Paresthesia				E FEE	Bottle changed			7/11
SE	CMS intact				{ 🖾 -	Tubing changed			
	Bedrest					Restraints: soft wrist/p	oosev		
	Turn q 2 hours ~ 2			<i> </i> -	{}	Call light in reach			
	OOB (chair)			1/	┤ ┃	Bed in low position			
ACTIVITIES			-	+	11 E II				
CTIV	BRP				&	Siderails: up x 4		_ -	- 1-
⋖	Bedside commode		\parallel			Ambularm			-
	Ambulate			1/					
						Decub-mattress/pag	1		
	Complete/Assist/Partial				OTHER	TED hose: knee hi/thi	gh hi		
	Shower/Shampoo	The state of the s			°	Remove 30 q 8 hou	rs		
щ	Oral Care				SO	Checked on rounds			7/
HYGIENE	P.M. Care					Respirations unchar	nged		
Ī	Peri-Care	1 7		1,/	SG				
	001			1/	NURSING ROUNDS				
	Doctor's visits				Z Z	Acceptable normal	<u> </u>	X Within	normal limits
\ 	NAME (IACT FIRST AS	IDDLE)		<u></u>	1		ров	RACE/SEX	
AMA H	E NAME (LAST, FIRST, M		T I M			DOC#			FAC.
(3)	1062	Antho		•	*		4-5-56	8/W	100

		11-7	7	-3	3-11			11-7	7-3	3-11
	Time				6'9A		Time		_	199
	Assessed by (initials):		_][47		Assessed by (initials):			167
	Alert						Temperature: Warm			
	Oriented x 3						Hot			
) !	Disoriented						Cool			
	Lethargic						Turgor: Good			
!							Fair			:
	Cooperative]	Poor			
	Combative/Uncooperative						Moisture: Dry			
i i	Anxious					1	Moist			
	Depressed						Color: WNL	-		
					· ·		Pale			-
	Clear			<u> </u>		SKIN C	Flushed			
	Slurred					1				
	Rambling					-	Cyanotic			
5						_	Jaundice			
5	Aphasic		-		7.					$-\ \cdot \ $
	Inappropriate					_ . - .	Edema (location/amount)		_	
-	Moves all extremities					_				
GENOA HONMOVEWEN	Weakness	_					Free of pressure/irritation			
2						GS	Tube feeding/Type:	-		
<u>.</u>	Paralysis					FEEDINGS				
40 21	Paresthesia]	Bottle changed			
ō 	CMS intact					TUBE	Tubing changed			
	Bedrest						Restraints: soft wrist/posey			
	Turn q 2 hours 54						Call light in reach			
Ŋ	OOB (chair)					_	Bed in low position			
ACTIVITES	BRP		$\exists \vdash$			SAFETY	Siderails: up x 4		-	
Ş	Bedside commode						Ambularm			
	Ambulate									
							Decub. mattress/pad			
	Complete/Assist/Partial						TED hose: knee hi/thigh hi			
	Shower/Shampoo					OTHER	Remove 30 q 8 hours			
	Oral Care			-		- L - S	Checked on rounds			
ביים ביים מושובים ביים ביים	P.M. Care					JUND	Respirations unchanged			
É	Peri-Care					IG RC	respirations unchanged			
	Pen-Care /		_	-		NURSING ROUNDS				
	Bodar's district				-]			
	Doctor's visits						Acceptable normal			n normal limits
ATI	ENAME (LAST, FIRST, MIC)ANS AN	DLE)					DOC#	DQB	RACE/SEX	FAC.

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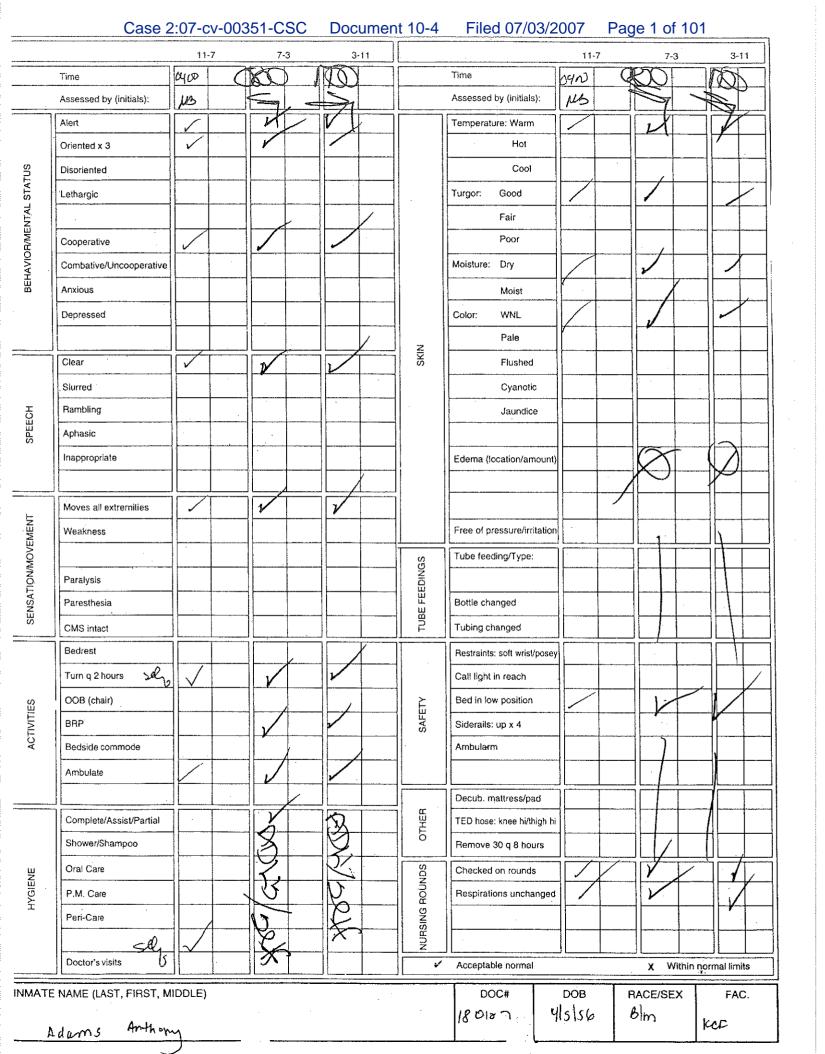
Case 2:07-cv-00351-CSC Document 10-3 Filed 07/03/2007 Page 102 of 106 3-11 11-7 Time Time Assessed by (initials): Assessed by (initials): Temperature: Warm Alert Oriented x 3 Cool BEHAVIOR/MENTAL STATUS Disoriented Good Turgor: Lethargic Fair Poor Cooperative Móisture: Dry Combative/Uncooperative Anxious Moist Color: WNL Depressed Pale Clear Flushed Cyanotic Slurred Rambling Jaundice SPEECH Aphasic Inappropriate Edema (location/amount) Moves all extremities SENSATION/MOVEMENT Free of pressure/irritation Weakness Tube feeding/Type: TUBE FEEDINGS Paralysis Bottle changed Paresthesia Tubing changed CMS intact Bedrest Restraints: soft wrist/posey Turn q 2 hours Call light in reach Bed in low position SAFETY OOB (chair) ACTIVITIES BRP Siderails: up x 4 Ambularm Bedside commode Ambulate Decub. mattress/pad. OTHER Complete/Assist/Partial TED hose: knee hi/thigh hi Shower/Shampoo Remove 30 q 8 hours Oral Care NURSING ROUNDS Checked on rounds HYGIENE Respirations unchanged P.M. Care Peri-Care Doctor's visits Within normal limits Acceptable normal INMATE NAME (LAST, FIRST, MIDDLE) RACE/SEX

Time Assessed by (initials): Alert Oriented x 3 Disoriented Lethargic Cooperative Combative/Uncooperative Anxious Time Time Assessed by (initials): Temperature: Warm Hot Cool Turgor: Good Fair Poor Moisture: Dry Moist	11-7 2414 115	7-3	3-11
Assessed by (initials): Assessed by (initials): Assessed by (initials): Assessed by (initials): Temperature: Warm Hot		0900 °	140
Alert C Temperature: Warm Hot		\$V	
Oriented x 3			
Disoriented Lethargic Cooperative Disoriented Cool Turgor: Good Fair Poor			11
Lethargic Turgor: Good Fair Poor		l	
Fair Poor			
Cooperative Poor			
Combative/Uncooperative Moisture: Dry		i.	
Anxious Moist			
		1	-
Pale			
Slurred Cyanotic			
Hambling Jaundice Aphasic			
Inappropriate Edema (location/amount)		P_	
Moves all extremities			
Weakness Free of pressure/irritation			
Weakness Weakness Free of pressure/irritation Tube feeding/Type: Paralysis Paresthesia Bottle changed Tubing shaped			
Paralysis			
Paralysis Paresthesia CMS intact Paralysis Paresthesia Tube reeding/ / ype: Tube reeding/ / ype:	,		
CMS intact Tubing changed			
Bedrest / Restraints: soft wrist/posey			
Turn q 2 hours / Mn Call light in reach			
OOB (chair) Bed in low position	-	V	
OOB (chair) BRP Bed in low position Siderails: up x 1 Ambularm			1
Bedside commode Ambularm			
Ambulate			
		<u> </u>	
Decub. mattress/pad			
Complete/Assist/Partial		100	_
Snower/snampoo Hernove 30 q 8 nours			
Ш Oral Care On rounds	•	1	14
Oral Care P.M. Care P.M. Care Respirations unchanged	<u> </u>		
Oral Care P.M. Care Peri-Care Peri-Care Checked on rounds Respirations unchanged			
Doctor's visits ✓ Acceptable normal		X Within r	jormal limits
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HOLANS ADVANCE (LAST, FIRST, MIDDLE)	DOB F	MODGEN	FAU.

	Case 2:07-cv-00351-CSC						Filed 07/03/20	007 Pa	ge 104 of 10)6		
		11-7		7-3		3-	11			11-7	7-3	3-11
	Time	atoo		JBC		1800			Time	5400	073P	1800
	Assessed by (initials):			WL		an			Assessed by (initials):			av _
	Alert					V			Temperature: Warm			V
	Oriented x 3			1		ر			· Hot			
SD.	Disoriented								Cool			
STAT	Lethargic	_							Turgor: Good			
5 H							_		Fair			
	Cooperative		1						Poor			
	Combative/Uncooperative								Moisture: Dry			1
ВЕН	Anxious		-						Moist			
	Depressed								Color: WNL			
									Pale			
	Clear		L_				<u></u>	SKIN	Flushed			
			-	~		<u> </u>		"	Cyanotic			
- -	Slurred		-							1		
SPEECH	Rambling								Jaundice			
ç	Aphasic									<u> </u>		-
	Inappropriate	 				<u> </u>			Edema (location/amount	(1)		+
			4									
E	Moves all extremities			V								
EMEN	Weakness								Free of pressure/irritatio	n		
SENSATION/MOVEMENT							<u>.</u>	GS	Tube feeding/Type:		ħ.	
NOI	Paralysis							E FEEDINGS				
NSA	Paresthesia							里里	Bottle changed			
SE	CMS intact							TUB	Tubing changed			(
	Bedrest								Restraints: soft wrist/pose	ey		
	Turn q 2 hours								Call light in reach		_	
ဟု	OOB (chair)							11	Bed in low position			1
ACTIVITIES	BRP						1	SAFETY	Siderails: up x 🐴			1
ACT	Bedside commode						1		Ambularm			
	Ambulate				·	1	 					
						-			Decub. mattress/pad			
	Complete/Aesist/Partial				/	V	1]	TED hose: knee hi/thigh			
	Shower/Shampoo	1.		~		"	-	ОТНЕВ	Remove 30 q 8 hours			11 17
	Oral Care							l s	Checked on rounds			
HYGIENE						17.	1	OND OND	Respirations unchange			- u
HYG	P.M. Care				_		<u> </u>	IG RC	nespirations unchange	4		
	Peri-Care			1			1	NURSING ROUNDS				
	Self			~	·	-						
<u>L</u>	Doctor's visits)][<u> </u>	-		Acceptable normal		X Within r	iormai limits
INMAT	NMATE NAME (LAST, FIRST, MIDDLE)							DOC#	DOB	RACE/SEX	FAC.	
	Adams	·	90	th	Dh.	U						·
	Adams Anthony											

	Case 2:	07-cv-0	0035	1-CS(Documen	t 10-3	Filed 07/03/20	07 F	Page 105 of	106
<u> </u>	<u>Ç</u>	11-7		7-3	3	3-11			11-7	7-3	3-11
	Time -	0400		XO		142		Time	0400	990	
	Assessed by (initials):	RB						Assessed by (initials):	las		
	Alert			Y	/	W.		Temperature: Warm	1		7
	Oriented x 3			1		W		Hot			7
SD.	Disoriented							Cool			
STAT	Lethargic					/		Turgor: Good		1	
Y.A.L			_					Fair			
3/ME	Cooperative	V		1				Poor			
BEHAVIOR/MENTAL STATUS	Combative/Uncooperative						-	Moisture: Dry			
ВЕН/	Anxious			-				Moist			
	Depressed	 						Color: WNL			
	Бергеззей	<u> </u>			/			Pale		$- \mathcal{V} $	
	Clean			1			SKIN			-	
	Clear						_ °	Flushed		·	
	Slurred						_ '	Cyanotic			
SPEECH	Rambling	1						Jaundice			
SPE	Aphasic	<u> </u>		-							
	Inappropriate							Edema (location/amount)			\varnothing
										/	
<u>_</u>	Moves all extremities			1/		ν		a-caracteristics			
SMEN	Weakness							Free of pressure/irritation			
AOVE.							ဟ္တ	Tube feeding/Type:			
. Ņ	Paralysis		·				Nia				
SENSATION/MOVEMENT	Paresthesia			-	-		TUBE FEEDINGS	Bottle changed			
S	CMS intact						1 iii	Tubing changed			-
	Bedrest							Restraints: soft wrist/pose			
	Turn q 2 hours			V				Call light in reach			1//
S	OOB (chair)						 	Bed in low position			
ACTIVITIES	BRP	1		V	-		SAFETY	Siderails: up x 4			
ACTI	Bedside commode				/		- °°	Ambularm	1		
						·					
	Ambulate SCS	\$t~_		V_							
	Complete/Assist/Partial						-	Decub. mattress/pad			
•	Shower/Shampoo	 	· ·		· · · · · · · · · · ·		ОТНЕЯ	TED hose: knee hi/thigh hi	+		
								Remove 30 q 8 hours			
Na .	Oral Care						- Squ	Checked on rounds			
HYGIENE	P.M. Care	1		 		·	NURSING ROUNDS	Respirations unchanged			_ / _
_	Peri-Care	1 1					Sing				
K	DL/ Self			. /		V	N S]			
	Doctor's visits							Acceptable normal	-	X Withi	n normal limits
INMATE	NAME (LAST, FIRST, M	IIDDLE)						DOC#	DOB	RACE/SEX	FAC.
n	Jelans (amll	\ \ \ 	vЧ					1	RM	
	MANAS	MW	(U	Ĺ			•			J-111	

Time Assessed by Critishin D A		Case 2:	07-cv	-0035	51-CS(C	Documer	nt 10-3	Filed 07/03/2	007 Pa	ge 106 of 10	06
Accessed by (reliable) Access				7	7-3		3-11			11-7	7-3	3-11
April Conversion Wom Poor Poor		Time							Time	- Garage	080	1600
Decided it 3 De		Assessed by (initials):					Ble		Assessed by (initials):	RB_		Sce
Discretified Lethingic Lethingic Lethingic Lethingic Lethingic Lethingic Lethingic Lethingic Lethingic Coppenitive Companitive Companitive Companitive Companitive Annicola Depressed Coor Witt. Pale Fairbind Coor Witt. Pale Freebing Rehalsing R		Alert			1				Temperature: Warm			
Degrossed Color: WNL Pele File Flushod Cymotic Jaundice Jaundice Jaundice Edma (location/amount) Free of pressure/infation Paralysis Weskness Free of pressure/infation Free of pressure/infation Paralysis Color: WnL Pele Edma (location/amount) Free of pressure/infation Free of pressure/infation Free of pressure/infation Free of pressure/infation Dedic changed Tube feeding/Type: Coll light in each Dod in low position Sederal is: up x 4 Anbulater Complignations/Partical Shower/Shampoo Oral Care Peri-Cara Decub. matress/pad ILD loce: knew hillingh in Remove 30 q 8 hours Free pressure/infation Color: white hillingh in Remove 30 q 8 hours Free principle is an inchanged Free pressure/infation Color: white hillingh in Remove 30 q 8 hours Free pressure/infation Color: characterispad LID loce: knew hillingh in Remove 30 q 8 hours Free principle in each Document in each Docum		Oriented x 3							· Hot			
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INFIRMARY NURSING PROGRESS NOTES

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NAPHCARE HEALTH SERVICES REQUEST FORM

Print Name: 1974	nony Adams	Date of Request:	10-7-	02
ID#: 180127	Date of Birth: 4/8	56 Housing	Location: 77	1 1

Nature of problem or request: Im having problems with my UICET AGAIN My Appetite Is Small And CAUSES my hEART to STRAIN And PAIN GOES through my Arms I takes 3 college Clases And I WOLKS In the Kitchen. And Its too much on ME. I GETS UP 3: AM IN The mothing I work 5 day A WEEK And I CANT Contenue.

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I am still having problems & where, it take 3 callege classes and work in the Kitchen its to much for me of get up @ \$ #. m.

Objective: BP 110/90 P 80 R 18 T 98.6 Wt. 146 lbs

Assessment: alt in comfort

Plan: Lee min

Refer to: PA/Physician __Mental Health __ Dental

Signature: Dovin Royen Title: Date: 19/1/12 Time: 12:35 Ain

HEALTH SERVICES REQUEST FORM ECEIVEDOGT 07200

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PHYSICIAN'S PROGRESS NOTES

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PATIENT NOTES / PHYSICIAN ORDERS HOSPITAL

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	TE NAM EVISED 4	E (LAST, FIRST, MIDDLE) adams, anthono	1 4	TE OF BIR	56 AGE 39	180/2 10# 180/37

DATE TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
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1-3-95 () -	Tresent for CCC	0		
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11/2/5	1 2 7			
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9-6-93 O-PM	- A for acco this he	.		
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BULL	OCK HEALTH CARE UNI	T		
TE NAME (LAST, FIRST, MI	DOLE a lamo, Outhon	DATE OF E	IRTH_/ AGE	18/m 10#180127

KILBY HOSPITAL

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIÁN ORDERS
	<i>3-</i> 9.	50- Positive PRD 14mm	8-2	3-95	INH 300 mg ; po
		P- Treatment -			gd X6 months
		amanda andrews LAN			Chest R- ray
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0-1	9-95	Present for CCC @ Yhis	10-1	0-85	A 5PM Since
		Lie alet & murfel 3.			TNH 300rg - 9 1 x6
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	TE NAM EVISED 4	E (LAST, FIRST, MIDDLE) adams, anthony	4	ATE OF BIF	156 39 PJ/M 10# 180137

DATE	TIME	PATIENT NOTES	DATE ORDERED	I	i e e e e e e e e e e e e e e e e e e e
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				OF BIRTH	105
MATE	NAME (L	AST, FIRST, MIDDLE) Adams Arthory		OF BIRTH	AGE R/S ID# 180127

INTRASYSTEM TRANSFER FORM

HEALTH STATUS	Name: /	adams, a	In th	OMIL	
Transferring Facility: 61/64		180127		Race: B)W	H Other
Date: 9/1/95	Age:	Date of B	,		Sex:(M) F
Time: AM PM	Age.				
Allergies:				proved: Y/N	
Current Acute Conditions/Problems:					
Chronic Conditions/ Problems:			MI 1111		
		ation:			
Acute Short-term Medication					WANTED THE PROPERTY OF THE PRO
Chronic Long-term Medications:					
Chronic Psychotropic Medic					
Current Treatments:					
Follow-up Care Needed:		2444			
Last PPD: Results	mms L	ast Physical:/			
Chronic Clinics:		Specialty Refe	rrals:	- Market - M	
Significant Medical History:					
Physical Disabilities/Limitations:		- Andrews - Andrews			
Assistive Devices/Prosthetics:		Glass	es:	Contac	,1S
Mental Health History/Concerns: Substance Abuse: Y/N	Alcohol: V/N	Drugs	: Y/N		
Hx Suicide Attempt: Date:		D1ug3			
Hx Psychotropic Medication					
Previous Psychiatric Hospit		Signature a	ind Title	Date: _	
TRANSFER RECEPTION SCR		Receiving 47	A ()		-======================================
Date: 916195 Time: 6:30		Receiving B Facility: B	irlloc		
S: Current Complaint:		P: Disposi	tion: (instr	uctions: Check of	or circle as appropria
C. Outron Complain.				Routine, Sick Instructions G	
Current Medications/Treatment:				Emergency R	
Not seen by Con	use			HIV/TB Instru	ction Given
				Physician Rel	
				Urgent / Rou	utine ication Evaluation
O: Physical Appearance/Behavior:					k/Program Limitation
					cial Housing
We have					cialty Referrals
Deformities: Acute/Chronic:				Chro	onic Clinics
Deformities. Acute/Ontonic.					ntal Health
T P R B/P	/			OTH Infirmary Place	
A:		Other:		пшпату га	Pettolik
		Outer.			0//-
		$\mathcal{M}_{\mathfrak{A}}$	tall	Librature and Tit	de 4/6/95

CORRECTIONAL MEDICAL SYSTEMS HEALTH SERVICES REQUEST FORM

Print Name: ANTHONY	L. Ad AMS Date of	Request: 24	195	
ID #: 180127 Date				~
Nature of problem or request:_	I CANT GET	medic 1	10 N	-
For my N	Nerves :	I have	BLEEding	_
For my NULCERS I Sufe	R WITH a E	ARREG ULLR	Heart Be	AT
I consent to be treated by healt	h staff for the condition d	escribed.		-
	Control SIGNATUR	ny, L. al	om	-
	IP IN MEDICAL BOX NOT WRITE BELOW		ED AREA	·
H	EALTH CARE DOCUM	IENTATION		
Subjective:				
Objective: BP P 8/25/95	_ RT Show for sich (Call —	- mje	ar Son
Assessment:				
Plan:				
Refer to: PA/Physician	Mental Health	_Dental		۶
Signature:	Title:	Date:	Time:	_

CMS 7166 REV, 3/93

CORRECTIONAL MEDICAL SYSTEMS HEALTH SERVICES REQUEST FORM

HNTHONY
Print Name: Adams Date of Request: 8-18-95 ID #: 180-127 Date of Birth: 4/5/56 Housing Location: E-165 Nature of problem or request: Bol Lines Bol Hari Bleading usler Hip iius 7 need to have a tooth pulled
ID #: $\frac{180-127}{10}$ Date of Birth: $\frac{4/5}{5}$ Housing Location: $\frac{E}{10}$
Nature of problem or request: Bol Liver Bol Hari Bleading usler
This items I need to have a tooth pulled
I consent to be treated by health staff for the condition described.
onthony i atoma
SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
oudjeen. e.
out the Donate of T
Objective: BPPRT_ 8/3/ O-No Show for Dick - Cally
8/21 O- No Jun for part con
Assessment:
Assessment.
Plan:
Refer to: PA/Physician Mental Health Dental
Signature:Title:Date:Time:

CMS 7166 REV. 3/93

CORRECTIONAL MEDICAL S. STEMS HEALTH SERVICES REQUEST FORM

Print Name: ANTHONY AdAMS Date of Request: 6 - 1995	
ID #: $\frac{180127}{1000}$ Date of Birth: $\frac{4}{5}$ 5 6 Housing Location: $\frac{22-5}{100}$	<u>S</u>
Nature of problem or request: i home a Bod liver i were	
en disability 17 years since i got convicted	_
They cut me off i got bad never i suffer	_
I consent to be treated by health staff for the condition described.	
T consent to be dealed by health start for the condition described.	
SIGNATURE SIGNATURE	_
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA	
HEALTH CARE DOCUMENTATION	
Subjective:	
Objective: BP P R T	
Assessment:	
Plan: NSSC	
Refer to: PA/Physician Mental Health Dental	
Signature: PD Date: 7-95 Time: 0530	

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: ANTHONY Adams Date of Request: 31 95
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D22 B55
Nature of problem or request: i wort to see you about getting three Tooth filled and getting a bridge
getting three Tooth fielded and getting a bridge
I consent to be treated by health staff for the condition described.
SIGNATURE!
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
2/20 1(1/1/10)
Plan:
, and the second
Refer to: PA/Physician Mental Health Dental
11-395
Signature: Title: Date: Time:

Case 2:07-cv-0035 DESC R POPUNE NO FIRE 07/03/2007 Page 25 of 101 EMERGENCY/ Non-scholub TREATMENT RECORD

DATE TIME FACILITY 3	1 OCK DEMERGENCY
7-30-02 2135 AB OSIR OPDL OES	
7 00 00 2/33(FMS)	CONDITION ON ADMISSION
ALLERGIES WKA ,	SEOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
GAZ (ORAL) 10	PULSE 82 B/P 110 182 RECHECK IF
VITAL SIGNS: TEMP 78 RECTAL RESP. 78	PULSE 0 B/P 110 102 SYSTOLIC
NATURE OF INJURY OR ILLNESS	ABRASION/// CONTUSION # BURN XX FRACTURE Z LACERATION/ SUTURES
	AGNASION CONTOSION XXX TOOTON Z SUTURES
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Clert, Giented X. Resp. 109	1
and even. Sken WTD to	1
tonch. Complains of throat	1 - () () () () (
hinting, difficulty in swall	fring / / /
and Choping. Throat is	
red. Due Scrlets on back	
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O DE TO, INCESTORION, OCI.	
A-Celteration in Comfort	
T-Notified Dr. Siddig	@ 2138
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Ole MID CO MILLON V	varisacy,
DIAGNOSIS	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
RELEASE/TRANSFER DATE TIME RELEASE/TRANSFER	ALCOUNTION ON DISCHARGE
7/30/02/2147	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR ☐ ☐ FAIR ☐ CRITICAL
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU	
() 12/ () () () () 13/1/ 7/3/1/	
PATIENT'S NAME (AST, FIRST, MIDDLE)	AGE DATE OF BIRTH R/S AIS#
Mans, An Thomas	96 415 156 BM 180127
NC 041 GRIGINAL - MEDICAL RECORD	D, YELLOW-TRANSFER AGENT

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: ANThony Adams Date of Request: 3/16/1996
ID #: 180129 Date of Birth: $4/5/56$ Housing Location: $D/2 B: 20$
Nature of problem or request: C NEED TO RENEW MY 739 MENT
HND MARIOCK. PTS Serious
I consent to be treated by health staff for the condition described.
Anthony Alms SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: Renew Meds,
Objective: BP P R T
Assessment: Renew Meds, Sygumet & Mbalet
Plan: MC
Refer to: PA/Physician Mental Health Dental
Signature: Poutly Title: Len Date: 4/16 Time: 11/18
Signature: WWW Title: Wen Date: 4/16 Time: M/

CMS 7166 REV. 10/94

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: ANThony Adams Date of Request: 5/17/96
ID #: $\frac{180127}{D}$ Date of Birth: $\frac{4}{5}$ 5 6 Housing Location: $\frac{1}{5}$ 2 B 2 0
Nature of problem or request: I need to have my tagoment and my Medicen for my hymnode or Rectem
I consent to be treated by health staff for the condition described.
Onthony adoms SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: "I need my med senewed"
Objective: BP 128/0 P 80 R 20 T 94
Assessment: Denies Oo of siale effects, Co of Surping Sensation in Stomach when not Plan: Taking Tugunet. Renew. Mentox, & Tugunet. 05-17-1996 94
Refer to:PA/PhysicianMental HealthDental Comment of Manual HealthDental
Signature: S. Unglesson Title: LPN Date 3/196 Time: 11/5.

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name _	Adams, Arthy 1.D. # 180127 Institution Sc	ct_
DATE	TIME NOTES	SIGNATURE
04	11-1996 A Neart beating	
	heart is Of Pulse.	
	heart Ot Patent allerto. Smile	
	hood Of	
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	anxiety.	
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	Man austray	
0	8-05-1946 A Diete	
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<u></u>	No al cheto.	
	Irefac Mabetic Wet	
	BULLOCK HEALTH CARE UNIT	Add to the state of the state o
FORM #711:		

DATE TIME NOTES	5, 1	SIGNATURE
08-19-1946 A Estrac Mol	lle.	
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Coll apple Mi	" mys regner	
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No more bling.	feel confortals	
fin: Follow Up	POW	
p.		
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_CTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name _	Adams, Anthony 1.D. # 180127 Institution Bee	<u>F</u>
DATE	TIME NOTES	SIGNATURE
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	UPA Land wethrale discharge	
	Lulture Negr	
	The state of the s	
	Try Tetax 500 gg	
0	4-10-1996 A heart Status	
1	I cel heart beating fast and	
	1 andreto	
	Hert Bur. Mernes + +	
	las 04 Tuebladio	
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	Jugs 80 / flow Ell	6
	6/11/04	
	B 1 109/20	
	nouls \$4	
	· · · · · · · · · · · · · · · · · · ·	
FORM #7113	BULLOCK HEALTH CARE UNIT	

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 3-8-1996
ID #: 180127 Date of Birth: 45 56 Housing Location: 5.15.31
Nature of problem or request: i was To Renew my mediceon Cogners maclack and my infeation mediceon
I consent to be treated by health staff for the condition described.
Onthony afense SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: Renow My Medication and My Stomach hurts since I stopped taking the Tago. Objective: BP 130 P 84 R 20 T 98.8
Assessment: Alet + Oriented X3, Nergo. Negular and even this warm + dry to touch. Plan; See MD in Am
Refer to: PA/Physician Mental Health Dental
Signature: Martha Jackson Title: LPN Date: 4/8/96 Time: 11 Jan

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: ANThon	14 Adams	Date of Request:	7-1996
ID#: 180127	Date of Birth: 4/5	/56 Ho	using Location: D: 1
Nature of problem or requ	iest: Usles it go the time	ting worse	using Location: D: 1
I consent to be treated by	health staff for the cor	ndition described.	<u> </u>
	<u>sic</u>	nthony Ada GNATURE	rmv.
PLACE TH	IS SLIP IN MEDICA DO NOT WRITE E		
**************************************	HEALTH CARE	DOCUMENTAT	TION
Subjective: Dam	nek Malil	lems	
Objective: BP/3//3/) F	, <u>16</u> к <u>30</u> т	98	ant B
Assessment: All	ration la	y compo Equie VIII	les 12
Plan:	 		76
Refer to: PA/Physi	cian Mental Hea	alth Dental	
Signature Allin	<i>Tef</i> Title	е:Ури_ г	Date: 2/7_ Time: 1/ fl

if only hoppen to me Dr. Sonders is going to be in a lot of Thould
CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM 3 - 96
Print Name: ANThony Adams Date of Request:
ID #: 180127 Date of Birth: 4 5 56 Housing Location: D:1
Nature of problem or request:
i need to be put book on my Medicien.
i need something for 3 cold. I need to see Dr. Vanuryk
I consent to be treated by health staff for the condition described.
anthony Adomesignature
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION
Subjective: I evas on clavif & they task me off y it, I need to be on it.
Objective: BP /8// P 80 R 20 T 96.8
Assessment:
Plan: To see M. D Dr. Sundery - instructed
Assessment: Plan: To see M. D Dr. Sunderfy instructed the see Phys. nurse.
Refer to: PA/Physician Mental Health Dental
Signature: S. Unque Title: Date: Time:

Print Name: ANTLONY A	AMS Date of	Request: 12	21 95
ID #: \(\begin{aligned} \text{80127} \\ \text{Date of} \end{aligned} \]			
Nature of problem or request:	home a T	Revel Bod	Head cold
I consent to be treated by health sta	aff for the condition d	escribed.	
·	SIGNATU	one al	47M2
PLACE THIS SLIP I	IN MEDICAL BOX OT WRITE BELOW		ED AREA
HEAI	TH CARE DOCUM	IENTATION	
Subjective:			
Objective: BP P	R T		
Assessment: Plan:			
Refer to: PA/Physician	Mental Health	Dental	•
Signature:	Title:	Date:	Time:

i move in Di 20 Bigg it was Di 22 Bi. 55

Print Name: ANTHONY Adams Date of Request: 3/95
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D: 20 B: 41
Nature of problem or request: it is him important that i glades back on my mediceon. Thus takens clavil i been takeing it over 18 years and starting to have problem, and i need something for voler. I consent to be treated by health staff for the condition described.
SIGNATURE SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan:
Refer to:PA/PhysicianMental HealthDental
Signature: S. Underson Title: LPN Date: 11-3 Time: 1130

Print Name: HN'/ hony flahms Date of Request: 31 95
ID #: 180 127 Date of Birth: 4/5/56 Housing Location: D= 22 B=55
Nature of problem or request: i need to be back on my
my Mediceon i was takeing claud 12 mg
in toucing problems with my tent again.
I consent to be treated by health staff for the condition described.
SIGNATURE SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan:
Refer to: PA/Physician Mental Health Dental
Signature: Multiple Title: Jpp Date: 11 Time: 11 P

Print Name: ANThony Adams Date of Request: 30 / 95
ID #: <u>18/27</u> Date of Birth: <u>4/5/56</u> Housing Location: <u>D22 R55</u>
Nature of problem or request: 1 need to get back on my Medicean
Nature of problem or request: 1 need to get back on my Medician was Takeing elouil 12 mg. because is sufer with
a elrugular heart breat
I consent to be treated by health staff for the condition described.
SIGNATURE &
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan: NSS
·
Refer to: PA/Physician Mental Health Dental
Signature: Date: 1030 Time: 5'350

Print Name: Anthony Adams Date of Request: 22 1946
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:1 8:37
Nature of problem or request: When I use the Bath Room
my penis Burns i got female infection when
I war in the free world and its gotten warse
I consent to be treated by health staff for the condition described.
SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P T
MO Show TO Sack Call Assessment:
Plan:
Refer to: PA/Physician Mental Health Dental
Signature: Signature: Date: 416 Time: 2346

Print Name: ANThony Adams Date of Request: 11/1996
ID #: 180 127 Date of Birth: 4 5 5 Housing Location: D: 1 B: 37
Nature of problem or request: i need to Ronew my Medicane
I consent to be treated by health staff for the condition described.
Onthony alema SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: I need to sonew my mede, I got a lot of blood in my staals!
Objective: BP 98 P 80 R 20 T 91.
Assessment: Of And band stanks & blood in stanks, Requesting meds to be renewed. To see m 0
Plan: To see M.D. It 12 MA.
Refer to:PA/PhysicianMental HealthDental Signature: & linder orTitle: & Date: 3 11-16 Time: 11:03

PATIENT NOTES / PHYSICIAN ORDERS

		PATIENT NOTES / F			
DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
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3+i	1-94	O-Prest for ccc & this Li			Cysteles
		about of complaints, Denis such			
		NI herophysis Current Tx plan			Conorrhea
		irchel FNH 300 gd. Couple			Ilm: Welhale
		C Sand.			Culture
		A-Pos. PPD			UDKL
***		P- Parkine Lab Work. Confine			apro 500
		Ix plan as ordand. Attent			/
		in infiniare of takinguedo as ordin	1		
		of I tray good information			
		Toller OCHEAETH purcul -			
	<u> </u>	BULLO9 a. Dany			
		(LAST, FIRST, MIDDLE) Haans Home	24/2	TE OF BIR	ATH AGE RIS IN 10# (80/a-
F-41 RE	EVISED 4/	88			

Print Name: ANThony Adams Date of Request: 1/8/1996
ID #: 180127 Date of Birth: 4 5/56 Housing Location: D:1 8:31
Nature of problem or request: my ulcer home gotten real serious in having sharp poins in my chest gos and indigestion and hear? Burn.
I consent to be treated by health staff for the condition described.
Anthony Adoms SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: I been suffering a whole of the sund objective: BP 19/18 P 80 R 20 T 96 Objective: BP 19/18 P 80 R 20 T 96 Avan
Assessment: Of My abnotant indiagestion IV my stamuch swelle. To see M.D.
Refer to: PA/Physician Mental Health Dental
Signature: Le Underson. Title: LPN. Date: #135 Time: 1135

Print Name: HNThoNY HJAMS Date of Request: 28 1996
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D:1 B:37
Nature of problem or request: I have infection and i
need some thing to clear it up
I consent to be treated by health staff for the condition described.
anthony adome SIGNATURE
SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: Pelles Alipping
Objective: BP/34/50 P 70 R 30 T 98
Assessment: Penil Unflection
Plan: M
Refer to: PA/Physician Mental Health Dental
Signature: Apply Date: 3/29 Time: 11/4
CMS 7166 REV. 10/94



GLF-1002 (1/4)

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Ad Ams, Anthony ID # 180127 Date of Bir Nature of problem or request: Flu	Date of Request:
DO NOT WRITE BEI	Signature LOW THIS LINE
Date: 9 04 0 4 Time: 7 15 AM PM Allergies: 14a1dol	RECEIVED Date: 9-24-04 Time: 715 Am Receiving Nurse Intials 4
(S)ubjective: Follow-up clos ; E soph stutue + Gerds.	Severe gastur Refly
(O)bjective (V/S): T: 984 P: 80 atax3. Resp. reg = ease.	USWNL WAD.
(A)ssessment: alt in comfort	rtrabore
(P)lan: See NP	
Refer to: MD/PA Mental Health Dental D CIRCLE (Check One: ROUTINE (EMERGENCY (If Emergency was PHS supervisor notified Was MD/PA on call notified	ONE () () () () ()
- /June	GNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	
YELLOW: INMATE RETAINS COPY AFTER NUI	RSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Adams, Anthony ID # 180127 Date of Birth	Date of Request: $9/15/4$
ID # 180127 Date of Birtl	h: Location:
Nature of problem or request: Rev	seff smalling
·	
DO NOT WRITE BEL	Signature OW THIS LINE
Date:	RECEIVED Date: 9/10/4 Time: 6920A Receiving Nurse Intials #
(S)ubjective: I have trouble so	eliz juella
(O)bjective (V/S): T: 981/ P: 84	R: 20 BP: 130/80 WT:
M) WNL) Well men	al, no disher a prisite
(A)ssessment: Patrilla altin	Confat RIt swallows
(P)lan: Reforting	
Refer to: MD/PA Mental Health Dental Da	
Check One: ROUTINE () EMERGENCY (If Emergency was PHS supervisor notified: Was MD/PA on call notified:	Yes () No () 116/07 20h
- /2/A	NATURE AND TITLE
WHITE: INMATES MEDICAL FILE	OMMI OND MID ITTED

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

F0110W - 4p

Print Name: ANTHONY ADAMS Date of Request: 9-9-04 ID# 180127 Date of Birth: 8-9-04 Location: G-104 Nature of problem or request: About 3 WEEKS Ago which was 8-16-04 T filed out a sick call slip concerning MyThroat well Im Throwing up More blood, and the acid Is Still giving ME Problems Swollowing my food and medication. Onthony Adoms Signature DO NOT WRITE BELOW THIS LINE
Date: 9/10/04
Time:
Time: Receiving Nurse Intials
(S)ubjective: acid treflux. Throwing up blood x I days
(S) ubjective: acid reflux. Throwing up blood x I days It's yetting worse now. Off ton since 2000
(O) bjective (V/S): T: 97.4 P: 80 R: 20 BP: 1/8 WT:/4/5 A+O+3. Resp. Rey clase. VS WNL
(A)ssessment: alt. in comfort RT above statement
(P)lan: See NP
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()
Notalis .
SIGNATURE AND TITLE
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCOAPDRATED

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Anthony Adams Date of Request: 8-14-04 ID # 180127 Date of Birth: 4-5-56 Location: G Dorm Nature of problem or request: My Throat has gotten to the point Where I barely can Swollow my Food Especially the Pills Take Friday I got strangled to bad I was at
The point of death, ' Anthony Adoms, Thanks
Signature Signature
DO NOT WRITE BELOW THIS LINE
Date: 8/16/04 Time: 700 AMPM Allergies: Haldo L RECEIVED Date: 8-16-04 Time: 700 A Receiving Nurse Intials
(S)ubjective: Problems avallowing my food of Several years. It has worsen in the last several mes. It feels like I have a gerowth in my throat. (O)bjective (V/S): T: P: R: 70 BP: /2/60 WT: /46 H8 40 BM T Hx of Hemoribads, Ext. + int. A +0 X3, Resp. her T.
(O)bjective (V/S): \underline{T} : \underline{P} : \underline
HE 40 BM & Hx'n Hemoritado, Ext. + int. A+0 X3, Resp.
(A) ssessment: Alt. in comfort R/T above statement
(P)lan: See NP
Refer to: MD/PA Mental Health Dental Daily Treatmen Return to Clinic PRN CIRCLE ONE Check One: ROUTINE() EMERGENCY() If Emergency was PHS supervisor notified: Yes() No() Was MD/PA on call notified: Yes() No()
Dravea
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT SIGNATURE AND TITLE (8) 616

GLF-1002 (1/4)



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Anthony Adams Date of Request: 8-4-04 ID # 180127 Date of Birth: 4/5/56 Location: 6-104 Nature of problem or request: I have A hadly bleading WICEF And when I was AT Bullock Cothection I was Taken Out of the Kothen. So now I need a Stop up From Unloading The Food Truck That Comes on we dresday, Onthony Ordon Thanks Signature DO NOT WRITE BELOW THIS LINE
Dan Stelay
Time: 745 AM PM Allergies: 1461 do RECEIVED Date: 8-5-04 Time: Receiving Nurse Intials 7
(S)ubjective: Week - Work Stop from Londing trucks
(O)bjective (V/S): T: 98 P: 80 R: 20 BP/DD WT: 146 A+0 &3. Resp. Neg E lane. US WNL. H8 40 B m
(A)ssessment: alt. in comfort RT above statement
(P)lan: See WP
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE Check One: ROUTINE (*) EMERGENCY (*)
If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No () Q
- Arven
SIGNATURE AND TITLE
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YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

Document 10-4 Filed 07/03/2007 Page 48 of 101 Case 2:07-cv-00351-CSC

TRANSF	ER & RECEIVIN	G SCREENING	A I. OKTAT
ED: Inmate/Health Record	RELEASED: Inmate/Health I	Record	ALLERGIES:
Kyllan	Institution: Bulla	ek	Haldel
5/25 104 Time: 12:45 AMPM	Date: 5-25 6 4 Time: _		PHYSICAL EXAMINATION
5/25 DY Time: 12,45 AMPM	RELEASE FROM:		Date of last exam:
(ution/Work Release Center/Free-World Hospital		egregation	Chest X-Ray Date: 5-19 Result:
	Z Optimized	ental Health	PPD Reading + in past had TNH
CEIVING MEDICAL STATUS	Other		•
Population	RELEASE TO:	rv	Classification:
Infirmary	DOC Infirmal	ive nar / locals	Limitations:
M Isolation	Institution/Work Release Ce	enter/Free-World Hospital	YES NO
LAB RESULTS LAST REPORT	mal Abnormal	Wears Glasses/Conta-	
Date Nor		Dental Prosthesis	
CBC		Hearing Aide	
Ullhaiysis		Other Prosthesis	Recieving Nurse
CURRENT OR CHRONIC MEDICAL/DENTAL/MEN	TAL HEALTH PROBLEMS OF	RICOMPLAINTS	
CONNENT ON OTHER MADE			
1 Me			
100.00			Sent w / inmate Not sent w / inmate
CURRENT MEDICATION DOSAGE AND FREQU	JENCY	MEDICATIONS	Sent w / inmate
1 1000	4	X-RAY FILM HEALTH RECORD	Sent w / inmate Not sent w / inmate
11/040		Released to:	
1 ~		Heleased to.	
		Date:	Time: AM/PM
,		MEDICATIONS	Received Not Received
		X-RAY FILM	Received Not Received
		HEALTH RECORD	Received Not Received
SCHEDULE FOR CHRONIC CARE CLINIC		CHART REVIEWED	W YES MUTHON MM
£		Received by: Signatu	re of Receiving Nurse
DATE: LAST CLINIC:		Date:	SIZTOL TIME: did AMPM
FOLLOW UP CARE NEEDED Date	Time With W	nom Location (Sending	Nurse) Date/Appt. Made w/Whom (Rec. Nurse)
FOLLOWARD ONLY MEESES			
Medical Dental			
Mental Health		Yes N	NTAKE
Yes No	SP Open So		Sick Call Procedures Explained
Orug Use Wental Illness Suicide Attempt Chronic Care Suicide Attempt Chronic Care OTHER PERTINENT NURSING ASSESSMENT OTHER PERTINENT NURSING ASSESSMENT	NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment)		Height S'1011
Mental Illness Suicide Attempt	Warm & Cool & V. Accelving N. A	Dry	Weight 194
Chronic Care	Cool & N	loist .	Blood Pressure /38/7#
A CO	Alert S Alert		Temperature 78.1
SSESSES TE SPECIAL DIET	ASSESSAN ON Oriented		Pulse Resp. 80,7
OTHER PERTINENT NURSING ASSESSMENT	Depress		Other
Noted from health record documentation (SENDING NURSE) Noted from health record documentation (SENDING NURSE) Solicide Attempt Chronic Care OTHER PERTINENT NURSING ASSESSMENT OTHER PERTINENT NURSING ASSESSMENT	MURS	C	
Martin (harkon 10.	7 2/92/	04 Xrus 1	Date
Signature of Nurse Completing Assessment (Sending Nurse)	Date	Signature of Intake Scree	C# DOB Race/Sex FAC.
INMATE NAME (LAST, FIRST, MIDDLE)			" B. Hal
Walams anthon	19	1801	
PHS-MD-70009	(White - Medical Jacket,	Yellow - Transfer Coo	ordinator)



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

F0110W-4p

Print Name: ArTHONY Adams ID # 180 127 Date of Bi Nature of problem or request: T WOULD 2ANTAC TENENTED And TO K	Date of Request: \(\(\(\) - 18 - 0 \)
Nature of problem or request: $\int 1.70141d$	irth: $\frac{1}{1}$ Cocation:
From Working In The Ci	tchen,
	_ arthony aboun
DO NOT WRITE BE	Signature LOW THIS LINE
Date: 12 118 103	
Time://45 AM PM	RECEIVED
Allergies: Haldel	Date: 18-18-03
4.	Time: //87
	Receiving Nurse Intials
(S)ubjective: Treed of the	
(S)ubjective: I need by Profile Genew	ed from wiky is the
(O)bjective ADO AD Perf erw New (A) 144 (A)ssessment;	labor.
Alt. in craft Touche alone.	
emone capte cares.	
(P)lan: SEE my	
Refer to: MD/PA Mental Health Dental Da	ily Treatment Return to Clinic PRN
CIRCLE O Check One: ROUTINE () EMERGENCY (
If Emergency was PHS supervisor notified:	Yes () No ()
Was MD/PA on call notified:	Yes () No ()
VAL	
SIC	NATURE AND TITLE
310	MATURE AND TILLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Case 2:07-cv-00351-CSC
Two.lth Sarvices Request Form
Inmate Name Anthony Adams Date of Request 1-21-03
Inmate Name Anthony Adams Date of Request 7-21-03 AIS No. 180127 Date of Birth 4/5/56 Housing Loc. D. 22 B. 47
6. 11
Nature of problem of request
For Acid reflush,
Sign here for consent to be treated by health staff for the condition described above. Anthony Adams
Place this slip in Medical Box or designated area
DO NOT WRITE BELOW THIS LINE
TT III Compared to the compare
Health Care Documentation
Subjective: I need my med, contin (Zantose) Renewel
Objective: BP 1/20 P 72 R 18 T WT 1/4/4
· · · · · · · · · · · · · · · · · · ·
Assessment: Ald. in Confd
Plan: Peter to MD
Refer to: PA/ Physician Mental Health Dental
Education: Resurs in an to see DR String @ 0730
Protocol used: (specify)
Signature $\sqrt{\frac{1}{2}}$ Title $\sqrt{2}$ Time $\sqrt{2}$ Date $\sqrt{\frac{1}{2}}$

HEALTH SERVICES REQUEST FORM

FOLLOW 4P

Print Name: Anthony Dd Ams Date of F	3-10-03
ID#: 1801 1 Date of Birth: 4/5/5/	12147
Nature of problem or request: IM UD ADTING	My Dhallen
MITH ACIA FEFTUSH TTO	CTI CONTENT
MY ThroAT TO byrn. And	ZANTAC BELOC
Alot,	TELL TELL
Anthony AUHM! Sign here for consent to be treated by health staff for the condition described	

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: 'clam still having acid reflects, I need to get my Jantac Harted bouck"

Objective: BP 132/100 P 72 R 16 T 98. Wt, 145 lbs

Assessment: alt. in Comport

Plan: See MD

E: Return to Heu in the H. m to Lee mD

Refer to: VPA/Physician _ Mental Health _ Dental

Signature: Horia Rogers Title: Date: 3/18/03
Time: 3/18/05/

HEALTH SERVICES REQUEST FORM

	Print Name: Anthony Adams Da	ate of Request: 1 - 9 0 3
	ID#: 180127 Date of Birth: 4/5/56	
	Nature of problem or request: Im Writing Concerni	ng my Swollowing And Also me
	heart Is causing me problems, now	my liver hurts off and on
	Doctor Im Informing you Im taking	g legal Action Against you.
you	u ran your Finger Violently up my rec	ctum. because you got mad win
	E because I Keep telling you about my	Sickness Im bringing Dungs
	Sign here for consent to be treated by health staff for the condition describ	ped About my health sense you
		dont want to believe !

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: I have a problem swollowing and my heart is causing me problems. I need to talk with the dostor to tall him all about my problem"

Objective: BP 140/97 P 82 R 18 T 98 WH, 14/165

Assessment: Alt. in Comfort

Plan: Lee MD

E: Leturn to Heu on 1/13/02 @ 7:30 A.m to See mo

Refer to: PA/Physician ___ Mental Health ___ Dental

Signature: Lloria Rogers Title: LPN Date 19/03 Time: 12/05

fo1100 4p

NAPHCARE HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 11-3-02 ID#: 780127 Date of Request: 11-3-02	
Date of Birth: 1/5/3 Grant	
problem of request:	
- JOHNA WANT T. I.	
Some blood from ME.	
Anthony of	
Sign here for consent to be treated by health staff for the condition described	
described .	
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA	
DO NOT WRITE BELOW THIS AREA	
HEALTH CARE DOCUMENTATION	
Subjective:	
Objective: BPPRT_	
Assessment:	
Plan: drawn per E. Smith, Lpn	
Refer to: PA/Physician Ac	
Refer to:PA/PhysicianMental Health Dental	
Signature:	
Signature: Date: Time:	
NCO40 HEALTH SERVE CO.	
HEALTH SERVICES REQUEST FORM	



HEALTH SERVICES REQUEST FORM

Print Name: Anthony AllAms Date of Request: 10-31-02
ID#: $\frac{780127}{}$ Date of Birth: $\frac{4}{5}$ 5 6 Housing Location: $\frac{22}{}$ - $\frac{11}{}$
Nature of problem or request: NOCTOX SINIQ TM ASKING 400
to telease me from the Kitchen my
11CGH 75 BEEding to bAD for ME to WORK
tend my history of Illness this Is SETIOUS.
Sign here for consent to be treated by health staff for the condition described
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION
Subjective: of wish to be released from Working in the Kitchen & am too sich.
145/2
In mote C/o bleeding U/Cers + being we at + ais sy when
Objective: BP 13/90P 88 RD T T! Unnote Clo bleeding Ulcers & being we ak & dissy when Otanding for long Time.
Assessment: al fer ation in comfort
Plan: See Dri Siddig
Refer to: PA/Physician Mental Health Dental
9 1 To Tome: 1125

nour

Print Name: Anthony Adams Date of Request: 5-29-02
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D: 22 B: 11
Nature of problem or request: Im having problems
With my Stomach YICER I have pains When I lay down Every night. its been going
When I lay down Every night. its heen going
on now For About Two weeks.
I consent to be treated by health staff for the condition described.
Anthony Adams SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION
Subjective: I have a liver cancer my Stomach is sure I have stomach
uleer. I use to take tagament about 2 year ago. I'm not taking any medicali
Objective: BP $\frac{ 4 /89}{8}$ P $\frac{88}{8}$ R $\frac{18}{8}$ T $\frac{99^2}{145}$
Assessment: Alteration in Comfort 127 stomach pain
Plan: Refer to Dr. Siddig
Refer to: PA/Physician Mental Health Dental
Signature: May Scall Title: LON Date: 5/29 Time: 1145/pr
CMS 7166 REV. 10/94

DATE	TIME	NOTES	SIGNATURE
DAIE	10	5) ht allow sell should some	ful.
11-51		1 1 6 man of the	
8	VA	Markey And	
		S) mf spul 7 (19)	
		as no	
		Juff W	12.
		molus (194)	7
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70 es 3		A) BERG	7
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7 / 12 / 12 / 12 / 12 / 12 / 12 / 12 / 1			
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		가는 상으로 하였다. 그 현실 시간 시간 사람들은 보고 보는 분들은 사람들은 사람들이 보고 있다. 그는 그는 사람들은 사람들은 사람들이 되었다. 그는 것이 되었다. 다른 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	
		를 내려보고 하는데 아이들의 아이들의 사이들은 사람들을 위한다. 아이들을 하는데 되었다고 하는데 되었다고 하는데 되었다. 일본 2000년 - 1일 사이들은 사람들은 사람들이 사람들이 되었다는데 하는데 사람들이 되었다. 그 사람들이 아이들의 사람들이 되었다.	
AST SHALL	- 发展		
1 1 1 22 1 32 14 1 2 1 3 2 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3			
- 1		게 있는 것을 통한다는 이 경영을 가입니다. 전기에 가는 전기에 함께 되었습니다. 그 경영을 하는 것이 되었습니다. 그는 것이 되었습니다. 그는 것이 되었습니다. 	

MONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

e do	nms, Anthony I.D. # 180121 Institution Book	<u> </u>
ATE TIME	NOTES	SIGNATURE
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Jan	held & bank.	10
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000	D. EKG- hm An. 96)
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5/20/02		/
TONA	fagant seno med (30) (So	
		- Additional Control of the Control
	. ··	
		I

Print Name: Arhony Holams Date of Request: 1-19-97
ID #: 180127 Date of Birth: $4-5-56$ Housing Location: 1.2811
Nature of problem or request: in Red 3 Bottom Bunk Proble in gets real dingy Climeing up and down from the Top Bunk im on im School im going To ball from its And i wish To Renew my Diet Diabetic Car I consent to be treated by health staff for the condition described.
Tonsent to be treated by health staff for the condition described. Hithory Adoms SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: I need a bottom burk cause I get firey * I scared I night fall & I need to permit my diabeth diet.
Objective: BP P 16 R 20 T 978 Requestis bitton bent profite Has current Liabete diet growt to the
Assessment: Requesting bottom beent fue to dizzures 15
Plan: To be evaluated by MD
Refer to: PA/Physician Mental Health Dental
Signature: Q = BRin Title: \(\frac{1}{2} \) Date: \(\frac{1}{2} \) Time:

Print Name: ANThony Adams Date of Request: 11-4-96
ID # $\frac{1}{8}$ () $\frac{127}{2}$ Date of Birth: $\frac{9}{5}$ - $\frac{5}{6}$ Housing Location: $\frac{1}{2}$ B. $\frac{1}{3}$
Nature of problem or request: i wish To get my Diahelic
gera SNack Approved Thank you!
I consent to be treated by health staff for the condition described. Anthony SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: med diabetic Card Renewed
Objective: BP 122/68 P 72 R 20 T 98 Ato a Dru reguesting Du diet renewal c Hs snach BS 119 Mg Ldl.
Assessment: For diabetie Card
Plan: Diabetie Card THS Snack X900d
Refer to: PA/Physician Mental Health Dental
Signature Sonur Title: 12h Date: Time: 33, -

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient Name			I.D. #		Institution	
DATE	TIME		NOTE			SIGNATURE
5/20/	04	Transferred to	Lilby	vol	エダエー	- Hellos
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ORM #7113	1 3 8/94					ı

Print Name: ANThony Adams Date of Request: 8-18-96
Date of Birth: $4-5-56$ Housing Location: $9.20.20$
Nature of problem or request: Co Renew my Medicine and for I Re-Englishion.
I consent to be treated by health staff for the condition described. SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: "I need to see the doctor; I missed my appointment for tup. 15, 1996.
Objective: BP 120 P 76 R 20 T Two Vientral x3. Resp reject awate about at wientral x3. Resp reject as ease. For re-evaluation for GI complaint. No Co wheed a present (Hy Ulcers)
Plan: See M. O.
Refer to:PA/Physician Mental Health Dental
Signature: Date: PR Date: PR Time: 120

Print Name: ANTHONY AJAMS Date of Request: 8-4-96
184100 Description: 4-5-56 Housing Location: D. 2 D. 20
Nature of problem or request: in read to get my Die? CArd Renewed
I consent to be treated by health staff for the condition described. SIGNATURE SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: "I need to get my diet card renewed."
Objective: BP 18 P 78 R 20 T 982 Clo brod eater too spring: would have bless; The earth distances of the Assessment: Deel Card Renound
Plan: To be Evaluated for M.D.
Refer to: PA/Physician Mental Health Dental
Signature: Date: 85 % Time: 121

Print Name: ANTHONY ALAMS Date of Request: 7-31-96
ID #: 180127 Date of Birth: 4-5-56 Housing Location: D: 2 B.20
Nature of problem or request: i wish to get my togoment Ronword. My stumic and mindegestion a still given me problems.
I consent to be treated by health staff for the condition described.
archony Adome SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: Almera Meds
Objective: BP/20/80P 80 R 30 T 98
Assessment: Renew Meds Fas Standeck Nel acute distress Noted
Plan: Adjumet 400 mg BIEX 150 Muller Maulay 30ce FIEX 30d KOP
Refer to: PA/Physician Mental Health Dental
Signature: Duntes Title: Land Date: 7/3/ Time: 1/4

EDICATION DMINISTRATION R	RECORD		Vá	ומו	76	<u>are</u>	ر				10 74	l									ı	<u> </u>	/	/	,		
MEDICATIONS		HOUR	1	10	Ā	5 (4	j.	Ö	10			3 [14	18	19	20	<u>.</u>	/	\nearrow	5		/		
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MEDICATION ADMINISTRATION RECORD



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MEDICATION **ADMINISTRATION RECORD**



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Case 2:07-cv-00351-CSC Document 10-4 MEDICATION ADMINISTRATION RECORD

Filed 07/03/2007 Page 88 of 101

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Case 2:07-cv-00351-CSC Document 10-4 Filed 07/03/2007 Page 92 of 101 MEDICATION ADMINISTRA' I ON RECORD

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Case 2:07-cv-00351-CSC Document 10-4 MEDICATION ADMINISTRATION RECORD

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SPage 100 of 101 Case 2:07-qv-00351-GSC Filed 07/03/2007 Document 10-4 29 DATE 28 27 26 25 24 23 STAFF SIGNATURE MONTH 21 20 6 9 MEDICATION ADMINISTRATION RECORD 5 4 INITIALS F DATE LOCATION: 9 STAFF SIGNATURE DOB/INMATE #: 9/5 & MOTEIN GODAR SAnders CORRECTIONAL MEDICAL SYSTEMS DOCUMENTATION CODES D / C - DISCONTINUE ORDER S - SELF-ADMINISTERED DO - DOSE OMITTED CMS #7150 RFV 4/93 ĸ R-REFUSED ALLERGIES: C - COURT O-OTHER

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R - REFUSED					01
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KILBY CORRECTIONAL FACILIT'S PO BOX 11 MT. MEIGS, AL 36057

PATTENT NAME

PRISON ID

DATE SUBMITTED

		h	lock 102 110-18
TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY		NEGATIVE (NEG)	
RPR	NP	NON-REACTIVE (NR)	
URINALYSIS	- No 1		
APPEARANCE	Ý		
pH ·		pH 5- pH 6	
PROTEIN	<u> </u>	NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

 $^{11}\text{A}^{13}$

These results are unreliable due to the age of the specimen.

uНи

These results are unreliable due to the hemolyzed condition of the specimen.

 $^{11}A+H^{11}$

These results are unreliable due to the age and hemolyzed condition of the

specimen.



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1	PATIEN			PATIENT ID		ROOM NO.	AGE	SEX	PHYSICIAN
	3-93	DAME, NATH	750 3 A	189187			A ·	150	LYPEN GEO
ļ	PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE		LOG-IN-		REPORT DATE
Į		1916934	6143279bN		velació:	ia likao	FRC C	4.3840	93 - 1월 1일의 HH.

REMARKS

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V	IN RANGE OUT OF	RANGE	RANC
Date of Renth: 20/85/1956 A COPY OF THIS PAPORT ANS DEA	950		
CHOLESTERGE, TOTAL COMPRESSIVE METABOLO PANEL	158	49 75	(1759)
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THE EARL OF REPORT OF PRIMER OWINGBY BYARRYSTAN IN

6/10/13

TLC MOBILE MEDICAL X-RAY REPORT

Alabama/Mississippi (800) 845-8183

Louisiana/Transcription (800) 843-9505

Georgia (877) 414-1188

DATE	LAST NAME	FIRST NAME	M
05/31/01	Adams	Anthony	
D.O.B.	SEX	FACILITY	
04/05/56	Male	Bullock Correctional	Facility
ORDERING FHY	SICIAN	X-RAY NO.	
Dr. Siddiq		ID#: 180127	

UPRIGHT PA CHEST: There is mild bilateral apical pleural thickening. Otherwise the lung are clear. The cardiomediastinal silhouette is normal Bony structures appear normal. There has been no change since 06/27/0).

IMPRESSION: No significant change since 06/27/00 with no acute chest disease.

Donna West, M.D./aa 06/01/01 tt: 12:24 pm

MCHC

PLATELET COUNT

NEUTROPHILS

LYMPHOCYTES

EOSINOPHILS

MONOCYTES

BASOFHILS

ABSOLUTE NEUTROPHILS

ABSOLUTE LYMPHOCYTES

ABSOLUTE EOSINOPHILS

ABSOLUTE MONOCYTES

ABSOLUTE BASOPHILS

RDW

Case 2:07-cv-00351-CSC Document 10-5 Filed 07/03/2007 Page 5:0f.85:

7186919 AREA/ROUTE/STUP: QCSG012 BULLOCK CORRECTIONAL FACILITY HWY 82 EAST UNION SPRINGS, AL 36089-5107



THOUS/MCL

CELLS/MCL

CELLS/MCL

CELLS/MCL

CELLS/MCL

CELLS/MCL

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PATIENT NAME	PATIENT ID 180127		ROOM NO.	AGE 46	SEX M	PHYSICIAN BULLO	CK COR	
ADAMS, ANTHONY PAGE REQUISITION NO. ACCESSION NO. 1 7563922 AT3838031	LAB REF. #	collection i	DATE & TIME 2002 12:48	LOG-IN F-M11	-DATE Ø520	02 110	DATE 52002	& TIME 4:400 4:400
REMARKS		11/4	102				FAST	EASTE 111 1 ING:
SS#: 419-84-9165		RESULT					REFERENC	:E SI
REPORT STATUS FINAL	TEST IN I	RESULT RANGE OUT	OF RANGE	UNIT	IS _		RANGE	cc
Date of Birth: 04/05/1 A COPY OF THIS REPORT	HAS BEEN SEI	9	APHCARE IN 50 22ND ST IRMINGHAM,	N S	TE 83 35203	:5 3-5300	an an a	
CBC (INCLUDES DIFF/PLT)					10°4. 2°	· 45 0	į
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>> END OF REPORT - ADAMS, ANTHONY AT3838031 ((

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INDICATES TESTING SITE SEE REVERSE SIDE

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850-3900

200-950

50-550

0-200

140-400

Filed 07/03/2007: Page 6:0f-85:

7188919 AREA/ROUTE/STE/ 2086918 BULLOCK CORPECTIONAL FACILITY HWY 88 EAST UNION SPRINGS, AL. 36089 5107



1	PATIENT	NAME		PATIENT ID		ROOM NO.	AGE	\$EX	PHYSICIAN	
1	(C;)	DAMS, ANTH	TMY	180127			46.	121	BULLOCK CE	MRR FAL
Г	PAGE	REQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE	& TIME	LOG-IN	-DATE	REPORT DATE	& TIME
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REMARKS

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88#: 419-84-9165

EAS' FASTING:

REPORT STATUS FINAL TEST RESULT UNITS REF	ERENCE : IANGE C

Date of Birth: 04/05/1956

A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC

950 CEND ST N STE 825

BIRMINGHAM, AL 35203-5300

CBC. (INCLUDES DIFF/PLT) WHITE BLOOD CELL COUNT RED BLOOD CELL COUNT HEMOGLOBIN HEMATOCRIT MCV MCH MCHC RDW PLATELET COUNT ABSOLUTE NEUTROPHILS ABSOLUTE LYMPHOCYTES ABSOLUTE EOSINOPHILS	5.2 4.65 14.1 41.7 89.5 30.3 33.8 12.1 224 2626 2044 317	THOUS/MOL MILL/MCL G/DL % FL PG G/OL % THOUS/MCL CELLS/MCL CELLS/MCL CELLS/MCL CELLS/MCL	4.20-5.80 13.2-17.1 38.5-50.0 80.0-100.0 87.0-33.0 38.0-35.0 11.0-15.0 140-400 1500-7800 850-3900 50-550
ABSOLUTE EOSINOPHILS ABSOLUTE BASOPHILS NEUTROPHILS LYMPHOCYTES MONOCYTES	182 31 50.5 39.3 6.1		
EOSTNOPHILS BASOPHILS	3.5 0.6	7/4 1/2	

>> END OF REPORT - ADAMS, ANTHONY ATTRASPOSI <<

MT. MEIGS, AL 36057

PATIENT NAMI

adams, antho

PRISON II

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DATE SUBMITTEI

7-12-99

			BCCF 116 1-15
TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY		NEGATIVE (NEG)	
RPR 1	NR	NON-REACTIVE (NR)	
URINALYSIS			
APPEARANCE			
рН	÷	pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE	1	NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

1	Cas	se 2:07-cy-00351-CS(Document 10-5	Filed 07/03/2007	Page 8 of 85
	Anni in Carle a Anni dani in a	ADDITIONAL INFORMATION		CLINICAL INFORMATION	07/20/96 09:05
			DGB: 04/05/56	PHYSICIAN ID.	PATIENT ID.
		<u>CD- 5075795</u> ;		JEAN ACCOUNT	180127
UNV RP 001	PT. ADD. ADAMS DATE OF COLLECTION	, ANTHONY DATE ENTERED DATE REPOR	M040/03	BULLOCK CORREC	AL 76A6QAAAA
7		67/15//5	7/20/95 0717 RESULT	234-739-5ESS	ÁL Y
1	97/13			FLAG UNITS	REFERENCE INTERVAL LA 0 - 199
	Choleste	erol, Total	155	5 mg/dL	Ų į
6-2305 - (910) 228-8338	IF YOU	DIR TREDUD YNA BYAH L	IONS CONTACT - I	B A DAVIS III MD BRANCH: 800-659-3 OF REPORT	3324 LAB: 800-621-8037
WEBLEY BUSINESS FORMS - BURUNGTON, NC 27216-2305 - (010) 228-8338					
3RD QUARTER 1995 LABCORP PINK VERTICAL #1-1 RV. 9/95					

MT. MEIGS, AL 36057

Adams, Andthony

PRISON ID

180127

DATE SUBMITTED

4-12-96

F			BECF 62 4-15
TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY	r NR.	NEGATIVE (NEG)	
RPR -	NR	NON-REACTIVE (NR)	
URINALYSIS			
APPEARANCE			
рН	ı	pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	

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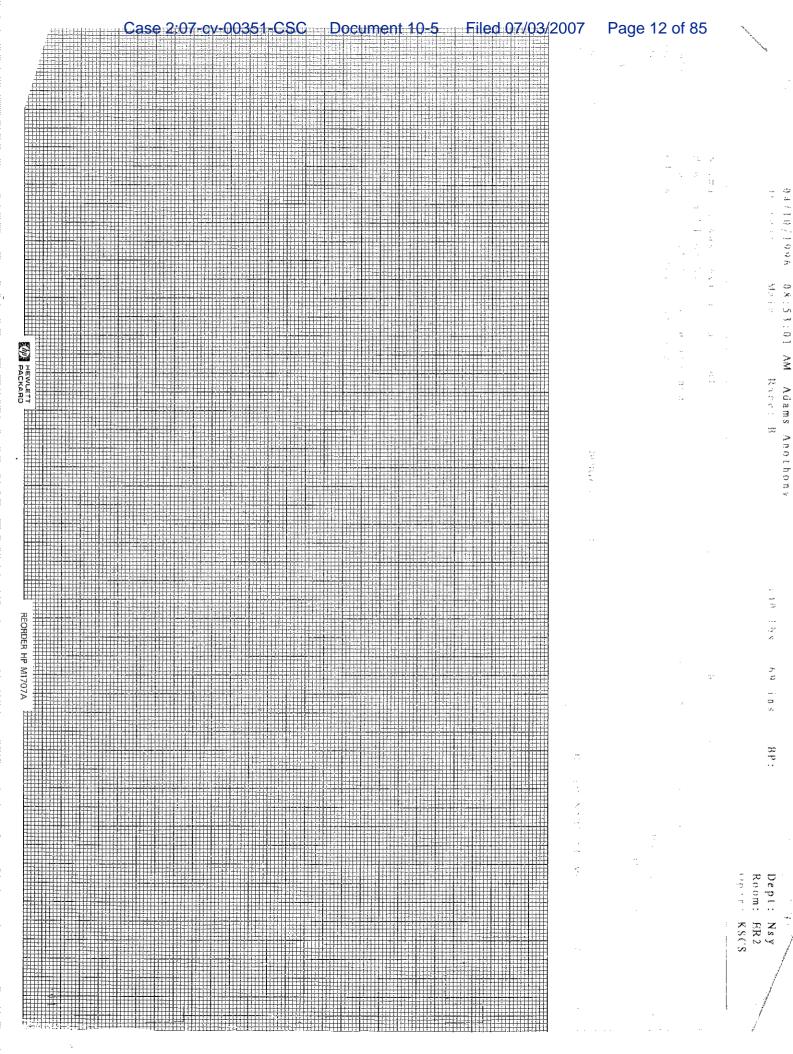
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ABCORP PINK VERTICAL



Case 2:07-cv-00351-GSC Dogument 10-5 Filed 07/03/2007 ... Page 13 of 85 Dept: Nsy Room: ER2 <u>~</u> 2-11-20

	Case 2:07-cv-00351-CSC as Pocument 10-5 Filed 07/03/2007 Page 14 pt 85 OB9-905-2572-D S TRATE FINAL PG 1 OB 01 CLINICAL INFORMATION U47
	SRC-PENIS 1 SWAB-NO GC PLATE CD- 50603834653 PHYSICIAN ID. PATIENT ID. 1 BO 1.
UNV RP ON!	PATIENT NAME ADAMS ANTHONY M AGE (YR.MOS.) BULLOCK CORRECTIONAL FACILI CORRECTIONAL MEDICAL SERVICE HIGHWAY 82 EAST UNION SPRINGS , AL 36089-0000 33/29/96 04/01/96 04/02/96 0191 BESUIT FAG UNITS REFERENCE INTERVAL
). I I: 	GENITAL CULTURE SCREEN FINAL REPURT
T/S egg	Le Meteccoto Compaphorar ISOLATED IN /C HUURO:
Z7216-2305 - (910) 228-8339	DIRECTOR: JAMES A DAVIS III MD IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-659-3324 LAB: 800-621- LAST PAGE OF REPORT
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AMS - BUR	04-02-1996
WESLEY BUSINESS FORMS - BURLINGTON.	
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TEST	OUTSIDE RANGE	WITHIN RANGE	UNITS	REFERENCE RANGE	
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KILBY CORRECTIONAL FACILITY PO BOX 11 MT. MEIGS, AL 36057

PRISON

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DATE SUBMITTED

			WPY-26
TEST NAME	RESULT	REFERENCE RANGE	COMMENTS
HIV ANTIBODY	HIV NON-F	REACTEVE (NEG)	
RPR	RPR NON-R	REACTIVE (NR)	
URINALYSIS	- nes		
APPEARANCE	<u> </u>		
рН		pH 5- pH 6	
PROTEIN		NEGATIVE (NEG)	
GLUCOSE		NEGATIVE (NEG)	
KETONES		NEGATIVE (NEG)	
BILIRUBIN		NEGATIVE (NEG)	·
BLOOD		< 5 RBC/MCL	
NITRITE		NEGATIVE (NEG)	
UROBILINOGEN		< 1.0 MG/DL	
LEUK. ESTERASE		NEGATIVE (NEG)	
SPECIFIC GRAVITY		1.016-1.022	



Diagnostic Health Systems, Inc.

1-800-933-3347

ROENTGEN REPORT

8-24-95

A	DAMS, ANTHONY #180	1 DATE PERFORMED:
PATIENT:	KILBY	
FACILITY:		ROOM:
CLINICAL DIAGNOSI	S: DR. MAUNEY	
REFERRING PHYSIC	IAN:	
*****	*******	*******
	RADIOLO	GICAL REPORT
ormal. Trache	ew of the chest sho a is midline. Lung line. Lung fields	ws the cardiac silhouette to be fields are clear. are clear.

IMPRESSION:

NEGATIVE CHEST.

signed:

LEWIS R. GAYDEN,

LRG/jk 8-24-95

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10 Y	Radiologiş

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: HNThony Adoms Date of Request: 1-20-99
ID #: 180121 Date of Birth: 4-5-56 Housing Location: D: 1 B: 3
Nature of problem or request: Coyld i Please Get A TOOTH PUT IN MY UPPER DENTURE THE OTHER ONE
PUT IN MY UPPER DENTURE The OTHER ONE
CAME DYT. THANKS
I consent to be treated by health staff for the condition described.
ANTHONY Adams SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan: NO Show
Refer to: PA/Physician Mental Health Dental
Signature: C-Battle Title: DA Date: 12299 Time:

CORRECTIONAL MEDICAL SYSTEMS HEALTH SERVICES REQUEST FORM

Print Name: HNTHONYLAdAMS Date of Request: 24 / 95
ID #: $\frac{80/20}{}$ Date of Birth: $\frac{4/5}{56}$ Housing Location: $\omega - 9$
Nature of problem or request: Need TOOTH PULLED MEAL BAD
I consent to be treated by health staff for the condition described.
SIGNATURE SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan: Nd Shan
Refer to: PA/Physician Mental Health Dental
Signature: MSquul Title: PDH Date: 8/24 Time:

CMS 7166 REV. 3/93

CORRECTIONAL MEDICAL SYSTEMS HEALTH SERVICES REQUEST FORM

Out lane - na lage
Print Name: ANTHONY Adam SDate of Request: 29/1995 ID #: 180127 Date of Birth: 4/5/56 Housing Location: W - 9 Nature of problem or request: 1 Need to get a Tooth Puller
ID #: 180121 Date of Birth: 415156 Housing Location: 405156
Nature of problem or request: 1 need to get a tooth puller
it huri me every night
I consent to be treated by health staff for the condition described.
SIGNATURE SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan
Plan:
Refer to: PA/Physician Mental Health Dental
Signature: M. 8 Guiro Title: PDH Date: 199 Time:
CMS 7166 REV. 3/93

CORRECTIONAL MEDICAL SYSTEMS DENTAL TREATMENT RECORD

NAME: Adams, Anthony	1D#	1:/80/27 PACE: B DOB:	
DENTAL EXAMINATION		RESTORATION AND TREATME	NTS
Date of Initial Examination: 8-18-95	TOO	OTH PRIORITY LIST	
Initial Classification: Days &		- H + 9 1 1 1 1	Nama
Oral Pathology:			-
Gingivitis Church Exam		9= 6	
Vincent's Infection		termer	
Stomatis			
Other Findings			
Occlusion			, Wester 411
Roentgenograms:			
Periapical			
Bitewing			<u></u>
Panarex			
HEALTH QUESTIONNAIRE YES	NO		YES NO
Are you in good health?		Acquired Immune Deficiency (AIDS/HIV)?	
Allergies		Gastrointestinal disorders	
Anemia		Glaucoma	
Asthma or other respiratory problems		Heart disease or murmur	
Blood pressure conditions		Hepatitis	
Diabetes		Kidney problems	
Epilepsy	_	Reactions to anesthetics or medications	
Excessive bleeding after surgery		Rheumatic fever	
Fainting	_	Taking any medication	
Pregnant?	_	Thyroid conditions	
Tuberculosis		Other conditions .	N N

			SERVIC	ES RENDERED		
DATE	тоотн	SURFACE		DENTAL SERVI	CES PROVIDED	XX
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			July 28,0	00		<u>G</u>
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Alabama Department of Corrections

DENTAL RECORD

Services Rendered

Date	Tooth #	Diagnosis	I reatment γ	Initials	Clas
1-95	29	Diagnosis NRC	Treatment gave 2 carpilists c c 1x10-5 epi ex # 29 c no difficulty ex mouri		
			10-1X10-5 epi ext #29		
			c no dell'elle	11	
			Pr. mildi	11/1/	
	-		I Ch = 11 APONES	10,00	
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X-RAY REQUISITION AND REPORT

NAME OF EACILITY	DATE OF REQUEST	REQUESTED BY	PATIENT STATUS
Aullock EXAMENATION REQUESTED	6-19-03	Dr Silding	
	α .	•	
	CXR		
CLINICAL DIAGNOSIS			
_	1 00 4. 00		
<i>fas</i>	+ Politico PR		
X-RAY-NUMBER	DATEOFY	DATE OF PPD SKIN TES	
	DATE OF X-RAY	JAN SALK IES	
report of finding	75		
ADAMS, ANTHON	/ YN#100137		

PA VIEW OF THE CHEST: 6-24-03

Comparison made with prior exam dated 6-20-02. No acute pulmonary disease. Overall appearance is unchanged compared to prior exam.

WES W. BEN ABBOTT , M.D./gm

RDTF 6-25-03

SIGNATURE

Patients Last Name First	Middle	1 Date of Birth 4-5-56	g/m	D NUMBER 180127	
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06/21/2002 11:30

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RADIOLOGY ASSOC OFAL

PAGE 22

X-RAY REQUISITION AND REPORT

NAME OF FACILITY	DATE OF REQUEST	REQUESTED BY	PATIENT STATUS
Bullock	6-20-02	On Sidling	
CETTE TO THE PROPERTY OF THE PA			
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•	CXK		
	CAN		
INICAL DIAGNOSIS			77 74 14 15 15 15 15 15 15 15 15 15 15 15 15 15
Minter Triwin L Others			
• ;	Par Promise	er 1 ∠	
	Part hx of In)FF : :	
	_	ţ	
CRAY NUMBER	DATE OF X-RAY	DATE OF PPD SKIN TEST	ſ
	10-24-02		

PEPORT OF FINDINGS

ADAMS, ANTHONY ID#180127-

PA VIEW CHEST 06/20/02

FINDINGS: COMPARISONS ARE MADE TO PRIOR EXAM DATED 05/31/01. OVERALL APPEARANCE IS UNCHANGED. NO EVIDENCE OF AIR SPACE DISEASE IS IDENTIFIED. THE HEART SIZE IS WITHIN NORMAL LIMITS.

IMPRESSION: NORMAL PA VIEW OF THE CHEST.

RP W. BEN ABBOTT, M.D. RD TF 05/21/02

Patients Last Name	First	Middle	Date of Birth	Ř/S	ID NUMBER
Udama, Ani	Keny		4/5/56	3/m	180127

	X-RAY RE	QUISITION AND REP	ORT
NAME OF FACILITY	DATE OF REQUEST	REQUESTED BY	PATIENT STATUS
EXAMINATION REQUESTED	st t-ray	1	
CLINICAL DIAGNOSIS	rions Positive	P P D	
X-RAY NUMBER	DATE OF X-RAY	DATE OF PPD SKIN T	TEST
	6-27-00		
IMPRESSION: d & t: June abs	NORMAL CHEST. 28, 2000 7/1/00	Maurice H. Row Board Certifie	ell, Jr., M.D. d Radiologist

Adams Anthony

PATIENT'S LAST NAME FIRST MIDDLE DATE OF BIRTH RIS ID NUMBER

SIGNATURE

X-RAY REQUISITION AND REPORT

NAME OF FACILITY	DATE OF REQUEST	S. A. T.	180127
EXAMINATION REQUESTED	4-ray		
CLINICAL DIAGNOSIS	Positive 7	P)	
X-RAY NUMBER	DATE OF X-RAY	DATE OF PPD SKIN TEST	
•	6-21-10st REF	ORT OF FINDINGS	
Chest: The heart IMPRESSION: NORMA d & t: June 28, 2 abs	is not enlarged. AL CHEST. 2000 M	Maurice H. Rowell Board Certified	1. Jr., M.D.
PATIENT'S LAST NAME FIRST	MIDDLE	DATE OF BIRTH R	
h h l and	nthani	4-65-51	18012T



CONSULTATION PROVIDED \mathbf{BY}

CAHABA IMAGING, P.C.

Suite 110, Cahaba Rd., Birmingham, Al. 35223 (205) 802-6100 * 1-800-535-2189 * Fax: (205) 870-1207

Holams Anthony	AGE 43 DATE OF EXAM PATIENT #
Annual Physical	PROVIDER NAME CUS
	HISTORY
CKR	INH Taken 1996

Chest: The heart is not enlarged. The lungs are cy

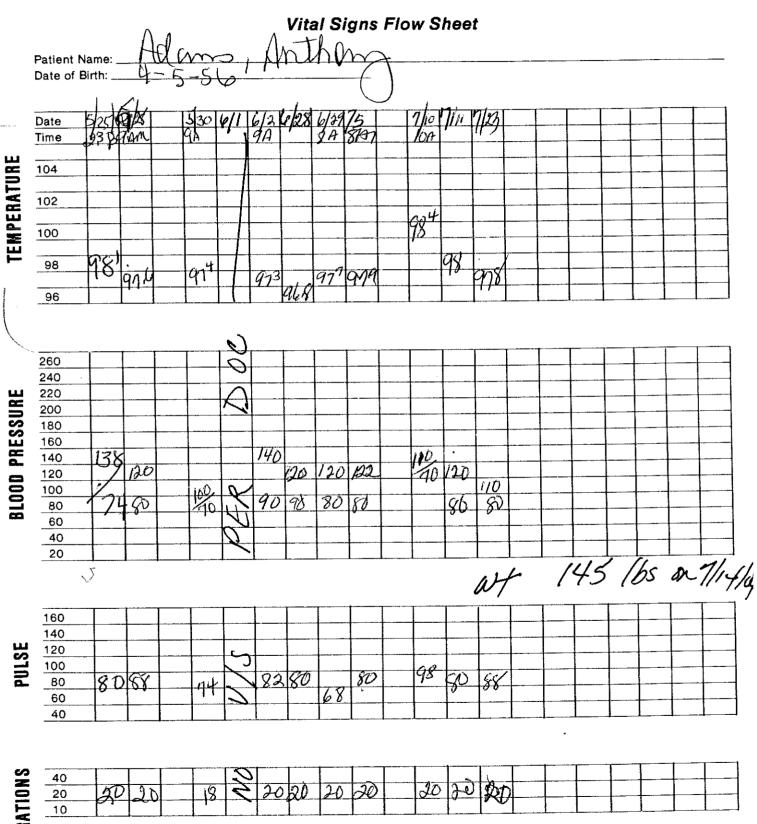
IMPRESSION: NORMAL CHEST.

d & t: July 9, 1999

alc

Maurice H. Rowell, Jr., M.D.





ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME adams, anthony	AIS# /80/27
Medication Allergies: "Haldol"	10.0.B:4/5/56

Medical: Chronic (Long-Term) Problems

Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
	,			
			-	

**If Asthmatic label: Mild – Moderate – or Severe.

Document 10-5

Case 2:07-04-00351-CSC

Filed 07/03/2007

Page 32 of 85



DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name	Relationsl	hip
Street Address		Phone Number
The second second second		
City	State	Zip Code
LANTHONY AZAMS		
Inmate Signature	AIS#	SS# Date
14 Dalosh		5/9/06
Witness		Date

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY
	•			

<u>.</u> .	Name: Adams	Anthry Alsi	# 180127 R/S		
	DOB:				
	Collection Date:	TIM	IE		_
, .	Annual Physical	Random	Repeat_	Daily	
	After Rx. Completion	_Chronic Care Clin	ic Porotocal		
	Urine Appearance:	Color Yula	Clarity: Clea	Odor:	
	Specific Gravity:	1.015			
	PH:	8	. •		
	LEUKOCYTES:				
	NITRATE:		- 7 N	es	
•	PROTEIN:			4	:
	GLUCOSE:	NUTM	·		
	KEYTONES:	-	Neg		
	UROBILINOGEN:	NUM	ral		
	BILIRUBIN:				•
	BLOOD:	,	_HEMOGLOB	IN: / rey	_
	WNL:		ABNØRMAL_		
	OBTAINING NURSE'S	s signature:		5/9	1/06
	REVIEWING PHYSIC	IAN's Signature:	().		Date
					Date
			710/1		

BULLOCK CORRECTIONS

NAME Adams, Anthony AIS# 180127 R/S BM

Return to the Health Care Unit for skin test reading on the date marked below:

YOU MUST RETURN!!!!!

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDA
D							
A							
T							·
E	· }						
T							
I							
M		¢.					<u> </u>
E							

RESULT	SIGNATURE	



RELEASE	OF RESPONSIBILITY	
Inmate's Name: Adoms Anthony 18	V127	
. 1 1-1	Social Security No.:	
	Time:	A.M P.M
This is to certify that I, Anthony Adean	YN.S (Print Inmate's Name)	urrently in
custody at the Bullock Country Cornection	onal Facility , am	refusing t
accept the following treatment/recommendations: $\widehat{\mathcal{I}}$	(Specify an Detail)	
,		
involved in refusing them. I hereby release and agree	of and understand the above treatment(s)/recommendation(s) at e to hold harmless the City/County/State, statutory authority, all of	correction
involved in refusing them. I hereby release and agree	e to hold harmless the City/County/State, statutory authority, all (il personnel from all responsibility and any ill effects which, may res	correction
involved in refusing them. I hereby release and agree personnel, Prison Health Services, Inc. and all medica action/refusal and I personally assume all responsible.	e to hold harmless the City/County/State, statutory authority, all of the personnel from all responsibility and any ill effects which, may responsibility for my welfare. Area Lea Lea Lea Lea Lea Lea Lea Lea Lea L	correction
involved in refusing them. I hereby release and agree personnel, Prison Health Services, Inc. and all medica	e to hold harmless the City/County/State, statutory authority, all (il personnel from all responsibility and any ill effects which, may res	correction

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member

ison Health Services

REFUSAL OF TREATMENT FORM

Institution: BCCF	
Resident's Name: Advans, Anthony	ID# 180137
D.O.B. 04/05/56	
1, Anthony Adams (Name of Inmate)	_ have, this day, knowing that I have a condition
requiring medical care as indicated below:	
A. Refused medication.	E. Refused X-Ray services.
B. Refused dental care.	F. Refused other diagnostic
C. Refused an outside medical app	pointment G. Refused physical examin
D. Refused laboratory services.	H. Other (Please specify)
Missed 22 Joses Tempo 150mg PD	BIN-Did not come to 5pm Pill Call
Potential Consequences Explained In make	otish for gastoesophagen I reflex, wh
and the risks involved in refusing them. I hereb authority, all correctional personnel, medical/healt may result from this refusal and I shall personally a	certify that I understand its contents.
Witness Signature	Patient Signature AdAms
03/03/04 Date	7338 Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.



PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

CLASS	SPECIFIC
D	ADA
Diet	CARDIOVASCULAR
	ALT. G.I.
	OTHER
Medication	
Medication	INFECTIOUS
	ACUTE
	CHRONIC
Treatment	PSYCHIATRIC
Troumon	OTHER
	BLOOD PRESSURE
	DRESSING
£	ACCUCHECK
	OTHER
ACTION TAKEN BY NURSING:	
Counseling	Placed on sick call
Discontinue Medication	Inform MH Department
Re-assign Schedule	M.A.R. Review
ACTION TAKEN BY PRESCRIBERS:	
	Counseling
Physician	Discontinue Meds
P.A.	Discontinue Tx
Psychiatrrist	Change Meds
ACTION TAKEN BY INMATE:	OTHER
Treatment Refusal Signed Explanation of Non-Compliance	Refuses to sign

AND AND TOPOT MIDDLE	DOC#	DOB	RACE/SEX	FAC.
INMATE NAME (LAST, FIRST, MIDDLE)		/	ر	ļ
Adams Anthony	180127	4/5/56	B/H	BCCF
Adams Horthony		<u> </u>	L	



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
ALLEHGIES:	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Adams Anthony	DIAGNOSIS (If Chg'd)
CPM (8)	Baru mellen
D.O.B. 124 2377	h)
ALLERGIES:	
Use Third Date / / 3	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: ACTOMS ANTHONY	DIAGNOSIS (If Chord) Tresulation II / Hall
Jan 9 180 2 10	P Zantar: 150 or PD Inid x 180 cls
D.O.B. 1 11	
ALLERGIES: M211	
Use Second Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Adams, Anthony	DIAGNOSIS
牛180127	Zontac 150 mg + po BILO x 180 da
D.O.B. / /	
ALLERGIES: NICA	
Use First Date ((15106)	☐ GENERIC SUBSTITUTION IS NOT PERMITTED



PROGRESS NOTES

Date/Time	Inmate's Name: D.O.B.: / /
31292	Inmate's Name: 5) It G hairs difficult - Smelloward order - Solith, wol difficult - swelloward ligard
- (M)	ligade
	9 defralj i the thod ans: not smiling
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	postilly sel Basin Smallen and
1/10/07	5) At See
	A He fust had Basne Study tody no complais
	the prophagia
	Privile siscuss the results of Barne . Thank
	Ald har thet results are & for
	Jonne.
<u> </u>	



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name ANTHONY ADAMS ID # 180127 Date of B Nature of problem or request: In TO TO ESOPHYS HAS SWOLLEN AND BATELY GO DOWN WHEN	Date of Reques Birth: 4/5/56_L HE POINT THE FOOD I SWOLLOW	t: 10-5- cocation: 10- where I EAT C	66 29 my AN
DO NOT WRITE B		y adom Signature	v
Date:/ Time: AM PM Allergies:	RECE. Date: Time: Receiving Nurse		
(S)ubjective:			
(O)bjective (V/S): T: P:	<u>R:</u>	BP:	WT:
(A)ssessment:			
(P)lan:			
Refer to: MD/PA Mental Health Dental CIRCLE Check One: ROUTINE () EMERGENCY If Emergency was PHS supervisor notifie Was MD/PA on call notifie	EONE (() ed: Yes() No(c PRN
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NO	SIGNATURE AND URSE INITIALS REC		

GLF-1002 (1/4)

Facility: BBB	
Patient Name: Udam Guthony	
Inmate Number: 180137 Last Date of Birth: 41	5 156 MI
Date of Report: 16 16 106 Time Seen: 530	AM) PM Circle One
Subjective: Chief Complaint(s): I am hoving hoblem Sure Onset: Wraat.	elem , feelv b
Brief History: <u>Shraaf Sare</u> . <u>lassing</u> ut (Continue on back if necessary)	
	☐ Check Here if additional notes on
Objective: Vital Signs: (As Indicated) T: 97 P: 12 RR: 18 B/P: Examination Findings: (Continue on back if necessary)	143141 W
Assessment: (Referral Status) Preliminary Determination(s):	Check Here if additional notes
Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint)	
Other:	
Comment: You should contact a physician and/or a nursing supervisor if you have any concerns at the appropriate care to be given.	pout the status of the patient or are uns
Plan: Check All That Apply: ☐ Instructions to return if condition worsens. ☐ Education: The patient demonstrates an understanding of the nature of their medical conditions should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for a	ion and instructions regarding what the ppropriate follow-up visits)
☐ Other:	<u> </u>
OTC Medications given V NO D YES (If Yes List):	
Referral: NO XYES (If Yes, Whom/Where): SN. Siddig	Date for referral: 10 6
Referral Type: D Routine Mi Urgent D Emergent (if emergent who was contacted?):	Time



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: ANTHONY L, Adams	Date of Request: 3-26-67
ID # 180127 Date of Birt	h: 4/5/56 Location: K4-7B
Nature of problem or request: DOCTOF	
AhEAd And SENd ME TO TH	IE FLEE WOLLD FLOSPITAL
BECAUSE ITS GOTTEN VERY	hard forme To
Swollow my Food.	
<i>,</i>	ANThony L, Adams
	Signature
DO NOT WRITE BEL	OW THIS LINE
Date:/	
Time: AM PM	RECEIVED
Allergies:	Date: 03/26/07
<u> </u>	Time: 2 100 1 1
	Receiving Nurse Intials (14
(S)ubjective:	133_
(O)bjective (V/S): \underline{T} : \underline{P} :	R: BP: WT:
(A)ssessment:	
(P)lan:	
Refer to: MD/PA Mental Health Dental Da	•
Check One: ROUTINE () EMERGENCY (
If Emergency was PHS supervisor notified:	
Was MD/PA on call notified:	1 7
was MD/III on can notified.	
SIO	GNATURE AND TITLE
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NUR	SE INITIALS RECEIPT

GLF-1002 (1/4)

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Zantac 150mg + po bid x 180 days									İ			Add of French												1	,	1			7
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Allergies	7	(Γ)	<u>ul(</u> 100	<u>.</u>	$\frac{\mathbf{r}}{r}$	<u>)</u>			7	1	-	<u>r\</u> /\	1	<u>, , , , , , , , , , , , , , , , , , , </u>	IVI In:	VXC	(1V) 1	<u>لا</u>	100	1	1	ال ر	_	3. 1		ent d	out c		ility
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PRISON HEALTH SERVICES Alabama Department of Corrections KOP Medication Protocol

The KOP program will allow specific inmates to keep certain kinds of medications on their possession. If they are caught selling, trading, or not taking the medication correctly, they will be removed from the list and face possible disciplinary actions. The KOP medications will include formulary medications.

- 1. The inmate will have in his possession the medication in blister pack. The inmate should take the medication as directed on the package sticker.
- 2. The inmate is to bring the package to the infirmary when he gets down to the reorder row of pills so the nursing staff can pull the sticker off the card and reorder. If the inmate waits until they have finished the last row of pills before coming to the nurse, they are likely to run out before their order comes in. The card will be checked at this time against the MAR to determine if the number of pills remaining is accurate (not to many left, not to few). This will be noted by looking at the date the card was given. Each inmate is responsible for keeping their medication in a secure area. We will not be responsible for stolen medications.
- 3. When the inmate receives their card of medication, usually #30 tabs per card, they should pop them out in numerical order, i.e. #30, #29, etc.
- 4. In order to be eligible for KOP, the inmate must have a good history of compliance and voice understanding of how this system works. They will not be eligible if their medication is insulin or a psychotropic medication, or has been known to be non-complaint in the past. The inmate will be required to come to the infirmary and sign a KOP agreement that we have formulated. At this time the staff will explain the procedure to the inmate and document that the information was explained and the individual can again sign that the program has been explained in its entirety.
- 5. Once we have established the program, others will be free to request to be placed on KOP. If research finds that he will qualify, we will repeat the above with this individual.
- 6. We will not place just anyone on KOP. The individual must have past history evaluated first.
- 7. Inmates may be requested to present for a medication check at any time to see that the correct number of pills are accounted for. The Medical Staff will be doing random checks for compliance.
- 8. The inmate holds harmless PHS and its healthcare providers for incidents that may result from the inmate taking medication improperly, exchanging the medicine with other inmates, and consuming drugs/medication provided by other individuals that result in drug interactions.

Inmate Signature:	Anshony L, Ada	ms <u>AIS#: 18012</u> 1
Nurse Signature:		Date: 3-22~0-

Case 2:07-cv-00351-CSC Document 10-5 Filed 07/03/2007 Page 46 of 85 Facility Name: 300 Zantac 150 my? po bid x 180 days 1100 11.14.00 Prescriber: Start Date: 05.14.07 Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Hour Start Date: Prescriber: Stop Date: PX #: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Hour Prescriber: Start Date: RX #: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Hour Prescriber: Start Date: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Hour Prescriber: Start Date: RX #: Stop Date: 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Hour 1 2 3 Prescriber: Start Date: RX #: Stop Date: Nurse's Signature Initial Documentatio Initial Nurse's Signature Diagnosis Discontinued (2. Refused 3. Patient out of I Allergies 4. Charted in Erra 5. Lock Down 6. Self Administe Housing Unit: 7. Medication out Patient ID Number: 8. Medication He Patient Name: 9. No Show 10. Other Date of Birth:

Case 2:07-cv-00351-CSC	Do	ocu	me	nt	10	-5		F	ile	ed (07	/0:	3/2	200	07		F	a	<u>ge</u>	4	7	<u>of</u>	8	5						,—
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Case 2:07-cv-00351-CSC Filed 07/03/2007 Page 48 of 85 Document 10-5 Month/Year of Charting: Facility Name: Bullock-Correctional Facilityzantac 150MG Tab 60.00 1100 JA SMA LAGA MA RANGE KY KAKAA KE KALEYA U KILA KIKIN KALEA B Take 1 tablet(s) by mouth twice daily Start Date: 05-27-2006 Prescriber: Siddiq, Tahir RX #: 251561281 Stop Date: 11-22-2006 Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Prescriber: Start Date: RX #: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Prescriber: Start Date: Stop Date: RX# 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Hour Prescriber: Start Date: Stop Date: RX #: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Prescriber: Start Date: RX #: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Prescriber: Start Date: RX #: Stop Date: Nurse's Signature Initial Documentation Nurse's Signature Initial Diagnosis 1, Discontinued O 2. Refused 3. Patient out of fa Charted in Erro 5. Lock Down 6. Self Administer Population Medication out Patient ID Number: 180127 8. Medication Heli Patient Name: 9. No Show Adams, Anthony Date of Birth: 10. Other

Case 2:07-cv-00351-CSC Filed 07/03/2007 Page 49 of 85 Document 10-5 Facility Name: Bullock Correctional Facility : Month/Year of Charling: 09/06

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Case 2:07-cv-00351-CSC Document 10-5 Filed 07/03/2007 Page 51 of 85 Month/Year of Charting: 11/06 Facility Name: Bullock Correctional Facility 24 | 25 | 26 | 27 | 28 13 14 15 16 Ranitidine HCI (for zantac) 150MG 60.00 Take 1 tablet(s) by mouth twice daily Prescriber: Siddiq, Tahir Start Date: 05-27-2006 RX #: 251561281 Stop Date: 11-22-2006 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 Hour ZANTAC 150 mg -PO BID X 180 Clays 1100 1700 Prescriber: Start Date: RX #: 8 9 10:11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 21 Hour Start Date: Stop Date: 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 2: Hour 1 2 3 Start Date: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 2 Hour Prescriber Start Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 2 Prescriber: Start Date: BX #: Stop Date: Documentati Initial Nurse's Signature Diagnosis 1. Discontinued Refused 3. Patient out of Allergies NKA 4. Charted in Er 5. Lock Down 6. Self Administ **Population** Housing Unit: 180127 7. Medication or Patient ID Number: 8. Medication H Patient Name: 9. No Show Adams, Anthony 10. Other Date of Birth:

Case 2:07-cv-00351-CSC Document 10-5 Filed 07/03/2007 Page 52 of 85 Facility Name: ACCE Zantac 150 mg + po Bid x 180 days Stop Date: 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 Hour Start Date: RX #: Stop Date: Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 Start Date: Prescriber: RX #: Stop Date: Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Prescriber: Start Date: RX #: Stop Date: Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Start Date: Stop Date: Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 25 Start Date: Prescriber: RX #: Stop Date: Documentation C Nurse's Signature Nurse's Signature Diagnosis Discontinued Orde 2 Refused Patient out of facil Allergies 4. Charted in Error いしけ Lock Down 6. Self Administered Housing Unit: 7. Medication out of Patient ID Number: 8. Medication Held Patient Name: 9. No Show Date of Birth: 10. Other

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STATE OF ALABAMA INMATE HEALTHCARE AUTHORIZATION

Enrollment Telephone (334) 833-5948 Toll Free (866) 853-1384 Fax (334) 240-1488

Blue Cross Blue Shield of Alabama (877) 231-7239

Prison Health Services Telephone (334) 395-5973 Toll Free (877) 279-1335 Fax (334) 395-8156

3/27/2007

Inmate Name

ADAMS, ANTHONY L

Inmate#

00180127

Facility Name

BULLOCK CORRECTIONAL

FACILITY

Facility Address1 Facility Address2 POB 5107

City

UNION SPRINGS

State

AL

Zipcode

36089

* Attention Health Care Provider *

All facility claims for inpatient and outpatient services should be submitted directly to Blue Cross and Blue Shield of For Hospital/Facility Claims: Alabama. Please submit your facility charges to Blue Cross under group 57688 with contract number XAJ624632390 as you currently do for all other Blue Cross subscribers. This process applies to facility charges only and does not include physician services.

All concurrent in-patient reviews must be provided to PHS Regional Office in Montgomery. The contact person is Michelle Pope, Utilization Management Coordinator. (334) 395-5973 Ext 14

For charges not covered under SEIB - BC/BS Program:

For Payment, Please Submit Claims with Inmate number to: Prison Health Services P.O.Box 967 Brentwood TN 37024-0967

- Medicare/Medicaid does not cover any health services provided to an inmate in custody, except in certain
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name
- Authorization for payment of service is guaranteed only if service is provided during the actual time of
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
 - Payment will not be processed until a clinical summary is received.

Case 2:127zx190351nfanage 56 of 85

ist be Complete and Legible. You must Type or Prin.

Authorization Letter to the service provider at the time of the Appointment Please send this form wit. **DEMOGRAPHICS** Site Name & Number: ont Name: (Last, First,) Date: (mm/dd/yy)= 3,27,07 **BULLOCK 832** Site Phone # Alias: (Last, First,) Date of Birth: (mm/dd/yy) (3 <u>3 4) 7 3 8 - 5 6 2 5</u> Inmate # PHS Custody Date: (mm/dd/yy) Site Fax # (334)738-8763 180127 Potential Release Date: (mm/dd/yy) Will there be a charge? Sex ☑ Male ☐ Female ☑ Yes ☐ No ☑ PHS Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans) Responsible party: Auto Ins. Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): CLINICAL DATA Requesting Provider; Physician NP. PA ☐ Dental Innaté è disphasiq Facility Medical Director Signature and Date: Service meets criteria for approval via protocol Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields. Results of a complaint directed physical examination: LX Tay (XR) Office Visit (OV) Scheduled Admission (SA) Dialysis (DA) Outpatient Surgery (OS) ☐ Urgent Routine Estimated Date of Service (mm/dd/yy) (This starts the approval window for the "open authorization period") Radiation therapy Multiple Visits/Treatments: ☐ Chemotherapy Number of Visits/Treatments: Other: Previous treatment and response (including medications): Specialist referred to: Sullock Hospifa,
Type of Consultation, Treatment, Procedure or Surgery: Tayac Diagnosis: CD-9 code: You must include copies of pertinent reports such as lab results ***For security and safety, please do not inform patient of ray interpretations and specialty consult reports with this form possible follow-up appointments*** Pertinent Documents have been attached and faxed UM DETERMINATION: Offsite Service R nended and Authorized Alternative Treatment Plan (explain here): ☐ More Information Requested: (See Attached) Date resubmitted: Resubmitted with requested information. Regional Medical Director Signature, printed name and date required: Do not write below this line. For Case Manager and Corporate Data Entry ONLY. Med Class: CPT code: UR Auth #: Cert Type:

Bullock County Hospital

102 W. Conecuh Ave. Union Springs AL36089 334-738-2140 FAX: 334-738-1496

PATIENT NAME: ADAMS, ANTHONY

DATE OF BIRTH: 4-05-1956

MRN:

31461

ACCOUNT NUMBER:

EXAM DATE:

4-10-2007

ORDERING PHYSICIAN: Siddiq, Tahir

PRIMARY CARE PHYSICIAN:

ACCESSION NUMBER: 115937

PATIENT LOCATION: OUTPATIENT

FLOOR/ROOM:

EXAM DESCRIPTION: RF UGI SERIES

HISTORY: Abdominal pain, dysphagia.

ATR-CONTRAST UPPER GI

TECHNIQUE: Air-contrast upper GI was performed utilizing granules, a thick weight barium solution and a thin weight barium solution.

FINDINGS: All consistencies were ingested without aspiration complications. The esophagus exhibited normal distensibility and peristalsis. A normal mucosal pattern is appreciated without evidence for stricture or abnormal extrinsic impression. No gastroesophageal reflux was demonstrated.

Evaluation of the stomach reveals normal distensibility, peristalsis and the mucosal pattern. No mass lesion, polyp or ulcer is identified. The stomach empties readily into a normal bulb and duodenum. The ligament of Treitz is in normal position. No ulcerative process identified.

IMPRESSION:

NORMAL UPPER GI SERIES.

This procedure was performed by Barry Waller, RPA under the supervision of an RSI radiologist.

Dictated and Electronically Signed: Raja P. Reddy, MD RSI Staff Radiologist Turnaround: 20 Hrs 46 Minutes 4-11-2007 12:30 pm

Bullock County Hospital

102 W. Conecuh Ave. Union Springs AL36089 334-738-2140 FAX: 334-738-1496

PATIENT NAME: ADAMS, ANTHONY

ORDERING PHYSICIAN: Siddiq, Tahir

DATE OF BIRTH: 4-05-1956

PRIMARY CARE PHYSICIAN:

MRN:

ACCESSION NUMBER: A163586

ACCOUNT NUMBER:

PATIENT LOCATION: OUTPATIENT

EXAM DATE:

TAILLI LOCAL

FLOOR/ROOM:

EXAM DESCRIPTION: RF BARIUM SWALLOW

4-10-2007

31461

HISTORY: Dysphagia.

TECHNIQUE: Air-contrast barium swallow was performed utilizing granules, a thick weight barium solution and a thin weight barium solution.

FINDINGS: Patient was administered barium in the usual fashion. There is a normal swallowing mechanism without evidence of aspiration.

Evaluation of the esophagus demonstrates normal primary stripping wave and peristalsis. No esophageal masses, strictures, or ulcerations are noted. No extrinsic compression is identified. No gastroesophageal reflux was visualized.

IMPRESSION:

NEGATIVE BARIUM SWALLOW.

Procedure performed by Barry Waller, RPA under the supervision of an RSI radiologist.

Dictated and Electronically Signed: Raja P. Reddy, MD RSI Staff Radiologist 4-11-2007 12:28 pm Turnaround: 21 Hrs 7 Minutes
Transcribed: 9999&<None>^^20070411121018137 4-11-2007 12:28

Case 2:07-cv-00351-CSC Document 10-5 Filed 07/03/3007 ETPage 59 of 85 PRISON HEAT TH SERVICES: AUTHORIZA 7007 ETPage 59

Patient Name: Adam's Orthony Inmate Number: 780137 Service Authorized: X-Ray: Upper Gi (Barium Swallow) Effective Dates: 3-37-03		The state of the s		
Service Authorized: X-Ray: Upper Gi (Barium Swallow) Effective Dates: 3-27-03	Patient Name:	Adams anthony	Inmate Numbers	180127
		-	Effective Dates:	3-27-03
Effective: Visits authorized for 60 days from other			Visits Authorized:	
Responsible Facility: Bullock Correctional Facility Contact Name: Michelle Pope		Bullock Correctional Facility		
Authorization Number: 17069437 Telephone Number: (334)395-5973 Ext 14			Telephone Number:	(334)395-5973 Ext 14

Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of referring correctional facility. Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

For Payment Please Submit Claims To:

Prison Health Services P.O. Box 967 Brentwood, TN 37024-0967

> The consulting physician should complete this section. The completed form will be sealed in the attached envelope and

returned with an office	er to the correctional facility.	
Clinical Summ	ary or Attached Report	
		
		•
	t f at af nossible follow-up appoint	ments. ***
*** For security and safety, please do not	inform patient of possible follow-up appoint	
W. J. G. Libra Dispision	Date	Time
Signature of Consulting Physician:		
Reviewed and Signed By	Date	Time
Medical Director:		
TLOCK COUNTY HOSPITAL		

BULLOCK 102 CONECUH UNION SPRINGS, AL april 10 at 130

2002/002

Forminust be Controlled and Legible, You must Type or Print Places send this form with the Authorization Letter to the service provider at the time of the Appointment
DEMOGRAPHICS 71
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BULLOCK 832 Adams, Inthony 03,27,07
Sito Phone # Allos: (Last First.) Date of Birtin (mm/dd/yy)
(334)738-5625
Elto Fax # PHS Custody Date: (mm/dd/yy)
(3 3 4) 7 3 B - 8 7 6 3 180187
Will thore be a charge? Sex SS Number Potential Release Date: [mm/dd/w]
☑ Yes ☐ No ☑ Histe ☐ Fennste ☐
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FRETTILY Medical Director Signature and Paler. nearly e 95 phatig
DW/
FRETHING Medical Director Signature and Pales new fit is displicated new fit is displicated for source and pales for source are source and pales for source are source
Place a chock mark (1) in the Service Type requested (one only) and complete additional applicable fields.
Comos Neas (OV) Decrey (PA) Scheduler Maintenan (SA) Results of a complaint directed physical examination:
Outration Surgary (OG) Debyes (OU)
Province Drismant Drismans
Estimated Date of Service (mm/sd/yy)
(Tables strates that approved window for the "open authorization period")
Multiple Visits/Treatments: Ballation therapy
□ Cronginapy
Specialist referred to: Fullock Hospital Type of Consultation, Treatment Procedure or Surfery:
Basin snall we upp of lactac
Diagnosis: Dyshballa
ICD-9 codes You must include a select of self-party and select of self-party and select of self-party and select of self-party and select of self-party and select of self-party and select of self-party and select of self-party and select of self-party and self-party and select of self-party and select of self-party and
You must include copies of pertinent reports such as lab results. ""For security and safety, please do not inform patient of
Positional Documents have been attached and freed. Positional Documents have been attached and freed.
UM DETERMINATION: Don't Service proposerated and Authorized
· Alternative Transport Plan (explain here):
Manu Refunctions Requested: (See Attached)
Determinated with requested information.
Regional Medical Director Signature.
printed name and date required:
3, 28 07 ~
Do not write below this line, For Case Manager and Corporate Data Emby ONLY.
Continue To Cottooder To Cottoo
05a - UM Reterration from



104114144

BioReference

BULLOCK CORR. FAC. 0 BOOK/CASE: 104 BULLOCK DR. HWY.82 C UNION SPRINGS, AL 36089 Ť 0 R -PRELIMINARY-Bio-Net Print (A0112-6) DOCTOR / GROUP NAME PATIENT I.D. / ROOM NO. NAME SIDDIQ, TAHIR 180127.949 ADAMS, ANTHONY DATE COLLECTED DATE RECEIVED 03/28/2007 08:59 AM 03/29/2007 09:44 3 29/2007 12:13 LAB I.D. NO.

Reference Range Abnormal Result Test Description

Tests Ordered : HEMOGLOBIN A1C, DIAGNOSTIC PROFILE II, ,

----* CHEMISTRY *-----

Total Protein Albumin Globulin A/G Ratio Glucose Sodium Potassium Chloride CO2 BUN * Creatinine BUN/Creat Ratio Calcium Uric Acid Iron Bilirubin, Total LDH	7.5 4.5 3.0 1.5 77 140 4.3 105 26 10 1.0 1.0 1.0 1.0 9.7 4.2 139 1.0 160	5.9-8.4 3.2-5.2 1.7-3.7 1.1-2.9 70-109 133-145 3.3-5.3 96-108 21-29 7-25 0.6-1.3 10-28 8.4-10.2 2.4-7.0 30-160 0.1-1.0 94-250	mg/dl mcg/dl
Alk Phos	91	39-120 40 HI < 37	u/1
AST (SGOT)	- 	2.6-4.5	/ " "
Phosphorous ALT (SGPT)		42 HI < 40	u/L
G-GTP	34	7-51	u/L
Cholesterol	156	< 200	mg/dl
Triglycerides	76	< 151	mg/dl
HDL CHOL., DIRECT	43	>35	mg/dl %
HDL as % of Cholesterol			
Chol/HDL Ratio	3.	63 0-3.55	
LDL/HDL Ratio	2.28	< 100°	mg/dL
LDL Cholesterol	<i>y</i>	****	*****
*****************	** ** ** ** ** ** ** ** ** ** **		

GFR, Estimated = 83.73 mL/min/1.73m2

Continued on Next Page

James Weisberger, M.D.



BioReference

BULLOCK CORR. FAC. BOOK/CASE: О 104 BULLOCK DR. HWY.82 Ċ UNION SPRINGS, AL 36089 Т 0 -PRELIMINARY-R Bio-Net Print (A0112-6)OCTOR / GROUP NAME PATIENT I.D. / ROOM NO. SIDDIQ, TAHIR 180127.949 ADAMS, ANTHONY LAB I.D. NO. 104114144 DATE COLLECTED 03/28/2007 08:59 AM DATE RECEIVED 03/29/2007 09:44 Reference Range

Test Description Result Abnormal Reference Range

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

***** Male/Female reference range: >60 mL/min/1.73 m2 *****
Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

		Control of the Contro	
WBC	4.4	3.40-11.80	x10(3)
	5.0	4.20-5.90	x10(6)
RBC		12.3-17.0	gm/dl
HGB	14.7		9, 4.1
HCT	45.9	39.3-52.5	<u> </u>
MCV	92.0	80.0-100.0	FL
	29.5	25.0-34.1	pg
MCH	32.0	30.0-35.0	gm/dl
MCHC		10.9-16.9	96
RDW	12.7		o.
POLYS	47	36-78	ē .
LYMPHS	40	12-48	8
	그는 그는 살이 살아 있는데 그릇을 하고 뭐 되었다고요?	0-8	8
EOS	그는 그 전 전 전 경우 하면 되는 이 바로 환경되었다. 그 모든	0-2	e e
BASOS	그 그 그는 그는 그 가는 것 같아. 하는 그는 무슨 그는 무슨 것 같아.		ي
MONOS	9	0-13	6
Platelet Coun	r 251	144-400	x10(3)
Taccicc cour	* MISCELLANEOUS *		
	117D CD 22 2 1 2 0 0		

TSH
THYROXINE(T4)
T3 UPTAKE
HGB. Alc(glycohgb)

1.590
TO FOLLOW
TO FOLLOW
TO FOLLOW
Partial Report

0.27-4.2 uIU/mL 4.5-12.0 ug/dL 24.3-39 % < 6.0%

Page: 2



BioReference

BULLOCK CORR. FAC. D BOOK/CASE: O 104 BULLOCK DR. HWY.82 Ċ UNION SPRINGS, AL 36089 Ť O -FINAL- Original Report 03/29/2007 R (A0112-6) Bio-Net Print DOCTOR / GROUP NAME PATIENT I.D. / ROOM NO. NAME SIDDIQ, TAHIR 180127.949 ADAMS, ANTHONY DATE OF REPORT 3/30/2007 05:30 50 Y LAB I.D. NO. 104114144 DATE COLLECTED 03/28/2007 08:59 AM DATE RECEIVED 03/29/2007 09:44

Test Description Result Abnormal Reference Range

----* CHEMISTRY *----

Tests Ordered : HEMOGLOBIN A1C, DIAGNOSTIC PROFILE II, ,

Total Protein	7.5		5.9-8.4	gm/dl
Albumin	4.5		3.2-5.2	gm/dl
Globulin	3.0		1.7-3.7	gm/dL
A/G Ratio	1.5		1.1-2.9	/,aT
Glucose	77		70-109	mg/dL
Sodium	140		133-145	mmol/L
Potassium	4.3		3.3-5.3	mmol/L
Chloride	105		96-108	mmol/L
CO2	26		21-29	mmol/L
BUN	10		7-25	mg/dl
* Creatinine	1.0		0.6-1.3	mg/dl
BUN/Creat Ratio	10		10-28	/ -3.7
Calcium	9.7		8.4-10.4	mg/dl
Uric Acid	4.2	Contraction of the St.	2.4-7.0	mg/dl
Iron	139		30-160	mcg/dl
Bilirubin, Total	1.0	그림을 연락했다고 살아	0.1-1.0	mg/dl u/l
LDH	160		94-250	u/1 u/1
Alk Phos	91	4.0 77.	39-120	u/1 u/1
AST (SGOT)		40 HI	< 37	mg/dl
Phosphorous	3.8		2.6-4.5 < 40	u/L
ALT (SGPT)		42 HI	< 40 7-51	u/L
G-GTP	34		/-3± < 200	mg/dl
Cholesterol	156		< 151	mg/dl
Triglycerides	76		>35	mg/dl
HDL CHOL., DIRECT	43	20	233	%
HDL as % of Cholesterol		28 3 25		
Chol/HDL Ratio		3.63	0-3.55	
LDL/HDL Ratio	2.28 98		< 100	ma/dL
LDL Cholesterol		*****	****	······································

* GFR, Estimated = 83.73 mH/min/1.73m2

continued on Next Page

Page: 1

3/130/7



BioReference

BULLOCK CORR. FAC. BOOK/CASE: 104 BULLOCK DR. HWY.82 О С UNION SPRINGS, AL 36089 Т O -FINAL- Original Report 03/29/2007 Bio-Net Print R (A0112-6) DOCTOR / GROUP NAME PATIENT I.D. / ROOM NO. NAME SIDDIQ, TAHIR 180127.949 ADAMS, ANTHONY DATE COLLECTED 07 08:59 AM 03/29/2007 09:44 3/30/2007 05:30 50 Y LAB I.D. NO. 104114144 Reference Range Abnormal Result Test Description ********************

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

**** Male/Female reference range: >60 mL/min/1.73 m2 *****
Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

.____* HEMATOLOGY *----

WBC	4.4	3.40-11.80	x10(3)
	5.0	4.20-5.90	x10(6)
RBC	14.7	12.3-17.0	gm/dl
HGB	45.9	39.3-52.5	%
HCT		80.0-100.0	FL
MCV	29.5	25.0-34.1	pg
MCH	32.0	30.0-35.0	gm/dl
MCHC		10.9-16.9) %
RDW	12.7	36-78	%
POLYS	4.7	12-48	%
LYMPHS		0-8	<u> </u>
EOS	그는 이번 물로가 시간했다면 휴가지 사람들이 맞았다.	0-2	٥
BASOS	그는 그는 이번 이번 이번 사람들은 그들은 살아왔다고요.	0-13	9
MONOS	9	144-400	x10(3)
Platelet Count	251	144-400	A10(3)
	* MISCELLANEOUS *		·

HEMOGLOBIN A1c RANGES(%)

< 6.0%

< 7.0%

> 8.0%

GLUCOSE CONTROL INDEX
Non-Diabetic Level
Diabetic Control
Additional action suggested

inal Report

Page: 2

Omly James Weisberger, M.D.

481 EDWARD H. ROSS [ELMWOOD PARK, NJ 074 1-800-229-LA



PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: ANTHOWY Adams BCDC#: 180127

- I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental 1. problems.
- I have had a treatment plan explained to me, including alternatives or the recommendation of 2. no treatment.
- I consent to the use of local anesthetics or other medications and that there may be side 3. effects, including allergic reactions and this has been explained to me.
- I have had the opportunity to ask questions which have been answered to my satisfaction. 4.
- I understand there is no guarantee of success or permanence of the treatment. 5.

Patient's Signature

El-Cil Burkett. D.DS Dentist's Signature



DENTAL RECORDS

Name Adams Anthoru	BCDC # 12/12/ DATE OF EXAM 5 12/8	0
Classification 1 2 3 4	Treatment Needed	Completed
Existing Prosthesis Yes P/P C/C No	5/12/delinueldental exam	
Periodontal Classification 1 2 3 4 5/12/65 Oral Hygiene Constal Communication Constal Communication Constal Communication Commu		
Soft Tissue		

MEDICAL HISTORY REVIEW

Check "yes" or "no" to any of the conditions below	w that you have	e or have	e had.
Single Year of the teathy or the	YES	NO	DENTIST'S NOTES
HIV		V	
Allergies			
Anemia			
Asthma or other respiratory problems			
Blood pressure conditions			
Diabetes			
Epilepsy		V	
Excessive bleeding after surgery			
Fainting		<u> </u>	
Are you in good health	V		
Gastrointestinal disorders		`	
Heart Disease or murmur			
Hepatitis	7	/_	
Kidney problems		1	
Reactions to anesthetics or medications		V/_	
Rheumatic fever			
Taking any medication		V,	
Thyroid conditions			
Tuberculosis			
Are you pregnant			
Other conditions			accomi dontal troatment

I, the undersigned, have check the above conditions and consent to necessary dental treatment.



PATIENT CONSENT AND AUTHORIZATION FOR DENTAL TREATMENT

Patient Name: Adams Anthony BCDC#: 180127

- I agree to having dental X-Rays taken of my teeth and jaws in order to determine my dental 1. problems.
- I have had a treatment plan explained to me, including alternatives or the recommendation of 2. no treatment.
- I consent to the use of local anesthetics or other medications and that there may be side 3. effects, including allergic reactions and this has been explained to me.
- I have had the opportunity to ask questions which have been answered to my satisfaction. 4.
- I understand there is no guarantee of success or permanence of the treatment. 5.

Dentist's Signature

5/12/06



DEPARTMENT OF CORRECTIONS

DENTAL RECORD TREATMENT

	Rendered		1	
ate	Tooth #	Diagnosis	Treatment Initial	s Clas
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٨٣١٢	NT LAST NA	AME FIRS	T MIDDLE DOB B/R/S 4/S/SL B/M	ID N
\$ HC	INI WASEINA	JIME LIDS		18612
			14/s/s6 /m	1 1

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	ID NO.
Adams	Andhon.		4/5/56	Bm	180127
PHS-MD-70022	11172151				

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PROBLEM LIST

	Name: Ale	dams, C	1nthony
	AIS Number:	18012	7
	Date of Birth:	4/5/56	
Medic	ation Allergies: (////////////////////////////////////		
Menta	(Changes in Mental Health Code should be identified on the	ode Assigned: ne Problem List)	
Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
	Date:		
	Coded: Coded		
	Signed: Tadio E America, CAID.		
		· .	
·.			· ·
	-		

Tuverculin PPD for Inmates

		Initial Skin Test	.		
			L		
Date Given: 6-7				12-03	
o#: 4525 62		Size	'0		
Jurse: M. Lackson L	ign)	Nurse:	Marthe	Jackson	Lp.
testing by PPD. I understand t itive reaction to a TB skin test, ck with my regular physician or	nor have I ever been	treated with TB drugs. Th	iave also beer	n instructed to	
thony AdANS nate Signature		<u>lo -</u>	- 10-03	}	
n (on Upn	Date	10-03		
	•				
nmate Name:	ID#:	Race:	Locatio	on:	ļ



DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Sharon	2 MEDA.		Sister			
Name			ationship		,	·
8237	Magnolia	Village	Drive	North.	(251) 776-6	.276
Street Address	ئ		1	•	Phone Number	
Mobile		A):	, , , , , , , , , , , , , , , , , , ,		36695	
City		Sta	te ·	•	Zip Code	
	•	-				
Inmate Signature		Dox	# .	S.S.#	Date	
ANTHONI	1 ALAMS	. 18	0127	419-84	-9165 6-10	- 05
Witness 100	Chert, RN	-	•		Date 6-1	10-05

INMATE NAME (LAST, FIRST, MIDDLE)

Adams, Anthony:

1801274-5-56 B/M Bullock

U/A DIPSTICK REPORT

Name: Adams, Anthony AIS#180127 R/S B/M
DOB: 4-5-56 AGE: 49 YFS
Collection Date: 1900/6-10-05 TIME 1900
Annual Physical Random Repeat Daily
After Rx. CompletionChronic Care Clinic Porotocal
Urine Appearance: Color Hyellow Clarity: Clear Odor: D
Specific Gravity: 1.015
рн:
LEUKOCYTES: Neg
NITRATE: Neg
PROTEIN: Neg
GLUCOSE: Neg
KEYTONES: Neg
urobilinogen: Neg
BILIRUBIN: Neg
BLOOD: Neg HEMOGLOBIN:
WNL: ABNORMAL
OBTAINING NURSE'S SIGNATURE: 10-05 Date
REVIEWING PHYSICIAN's Signature: Date
The Date
· · · · · · · · · · · · · · · · · · ·

NAPHCARE Annual Health and TB Screening for Inmates Facility By Maria

racinty / Julious
Date Read
Site Given: INH In Past Size in M.M
Lot#
Nurse State Dept. Nurse State plept.
Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form in addition to completing the bottom of this form.
I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.
Current Weight 147 Previous Weight 150 B/P 11680
Recent chest pain Kitchen clearance assess. done and attached Productive cough Any bleeding Yes or No Yes or No
Emergency contact Sharon adoms Phone# 334-414-3101
Address 3920 Berung Drive South apt. # 178 Mobile al.
Inmate signature Anthony Adams Date 6-3-02
Witness signature Marthu Jackson CPr Date 6-3-02
DOD 7-5-36 AGE 46 Race 1/11/ SEV O. /
Inmate Name adams, anthony AIS# 180127

Case 2:07-cv-00351-CSC

Document 10-5

Filed 07/03/2007 Page 75 of 85

Alabama Department of Public Health TB Division RSA Tower/201 Monroe Street Montgomery, ALabama 36130-3017

Skin Test Report

County Code / 2	Target Testing	PROJI	ECT O	401 CHR# A1	5180127		
Adams First Name							
AINH-MONV							
BUITOCE CITY							
State Zip Code	SPIPLINGS	and a grid about a long - administration	Home Pho	one			
AT LI		****					
SSN: -:				Test Administered By:	Site Test:		
Company of the second		SE	l l	TB Staff	(Health Department		
Date of Birth: 09-	05-1956	(M	$\bigcirc F \mid$) PH Nurse	O ther		
Race: W B AI A AN H/	PI O ETHNICITY:)) YES	● NO	Other			
Reason Tested:	Care Worker) Foreign B	Born		Risk Categories:		
O Medica) Homeless	1	Contact to Case/Suspect:	. O A		
Shelter			n) YES NO	ॐ B		
○ Student ○ Not at Ris			sk				
Occupa	ational	<u> </u>			ОС		
PPD ONE:			PPD T	WO:			
Provider#: Provider#: Lot#:							
Date of Test Antigen			Date of Test Antigen				
05-111-2004 • AP OTU			07	-D - D O O	AP OTU		
Provider#:			Provide	managaduses and some discussional			
Date Read Result			Date Re	ead	Result		
1051-141-60	10141 IIII mm OI	Not Read	DIZ	TOPPOY	Not Read		

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

PERIODIC HEALTH ASSESSMENT

HISTORY – (Nurse)	YES NO COMMENTS
Weight Change (>15 lb.) (Compare Weight Below) Persistent Cough Chest Pain Blood in Urine or Stool Difficult Urination Other Illnesses (Details) Smoke, Dip or Chew ALLERGIES	Last weight at least 6 mos. ago Culcas Haldal
Weight 146 Temp 98.4 Pulse 98	Resp. 20 B.P. 140/80
	70 in clas
TESTING - (Nurse)	RESULTS
Tuberculin Skin Test (q yr.) (chest x-ray if clinical symptoms) RPR (q3yrs) EKG (baseline at 35, over 45 q 3 yrs) Cholesterol (at 35 then q 5 yrs.) Tetanus/Diptheria (q10 years) If Done Today: Optometry exam (age 50 if not already seen)	Date given 6-No-R Site CAR Read on 6-12-3 Results mm Date 6-12-3 Results NR 6-12-3 Last given 8-18-95 Due 2005 Site given Dose Lot #
PHYSICAL RESULTS	
Heart Lungs Breast (q2 yrs. p 30) Rectal (yearly p50) With Hemoccult Pelvic and PAP (q 1 yr)	Date MA Results Results MA Results MA Date Results
Emergency Addressee Shaum Colored Address 3920 Bruugh 101. South Facility Bullack Nurse Signature Mar Physician Signature Todally DOB 4-5-56 AGE 47 RACE BIK Inmate Name Coloms, anthony	SEX Male SSN 419-84.9165 AIS # 180127

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I.	HISTORY – (LPN or RN)	YES NO	COMMENT(S)
· -	Weight Change (greater 15 lbs.) (Compare Weight Below) Persistent Cough Chest Pain Blood in Urine or Stool Difficult Urination Other Illnesses (Details) Smoke, Dip or Chew ALLERGIES ght 141 Temp 77,6 Pulse Exam: 20 OD 20 OS 20 20	70 Resp 20 Blood I	Pressure 108/100 02 So > 140/90, repeat in 1hour.
П.	TESTING - (LPN or RN)	RESULTS	:
	Tuberculin Skin Test (q yr) Past Positive TB Skin Test (Chest x-ray if clinical symptoms) RPR (q 3 yrs) EKG (baseline at 35, over 45 q 3 y Cholesterol (at 35 then q 5 yrs) Tetanus/Diptheria (q 10 yrs) (if done today) Optometry Exam (@ 50 if not alremand (females @ 40, q 2 yrs/other M PHYSICAL RESULTS - (RN, M	→ Survey Completed 15.205 Date 15.05 Date 14.05 T-21-2004 Last Given 15.10-6 Site given R+ Arm Parady seen Date F	Resultsmm Results
	Heart Lungs Breast Exam Rectal (yearly after 45) with Hemoccult Pelvic and PAP (q 1 yr) culty Billock Nurse Signature LD. or Mid-Level Signature MATE NAME	Results Results Date	Results



DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	V	~ 0 No		
ANY OPEN SORES OR RASHES (HANDS, ARMS, FACE & NECK		ES NO		ann s
TB TEST CURRENT			_ Clest a	x lay foy
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	www.moore		_	
OTHER: Okay to work in to	the	***************************************		

PROPER HANDWASHING, NOT TO HANDLE FEVALUATION WHEN NECESSARY AND TO NO SUPERVISOR OF ANY ILLNESS. MEDICAL AUTHORITY: attest that the above statement is true to the best of my PATIENT SIGNATURE: AND ANY ADAMY ADAMS EXPIRATION DATE: 12/22/09	OOD WHIL TIFY THE DATE:_ knowledge	E SICK, S DIETARY	EEK MED SERVICE	
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Adams, Anthony	180127	4/5/5/	BM	BOUT

PSYCHOL GICAL INTERVIEW / DATA ENTRY FORM
Name: ADAMS, BAITHONG L. AIS# 180127 R/S B/11/
Date: 8 / 24 / 95 DOB: 4 / 5 / 56 AGE: 39
Beta II WAIS / WRAT-RL Grade Completed
MMPI Welsh 2 - 49780 / /563; Megargee Type
General Appearance a. Neat and generally appropriate c. Flat or avoiding interaction
a. Neat and generally appropriate c. Flat or avoiding interaction
b. Poorly groomed d. Sad or worried
b. Poorly groomed d. Sad or worried d. Sad or worried te. Other d. Sad or worried d. Sad or worried d. Sad or worried te. Other d. Sad or worried
I. Interpersonal Functioning
a. Normal-good relationships likely d. Lacks skill or confidence
b. Withdrawn / apparent loner e. Probably difficult to get along with
c. Likely to ignore rights / needs *Other (Specify) 1 2.
3 456. (See Copy)
II. <u>Personality</u> d. Explosive
b. Antisocial e. Dependent
c. Paranoid f. Passive-Aggressive
Other (Specify):1. Schizoid2. Schizotypal3. Histrionic4. Narcissistic
5. Borderline6. Avoidant7. Compulsive8. Atypical/mixed
9. See Copy (Write in your wording)
III. Substance Abuse
a. Alcohol addiction / abuse history 2/1/1/15 / 1/1/16 1/3/16
MST HISTORY OF CANSIONIA) G CAD TO
SIX BOTTLES OF WINE ONG BETWE
b. Drug addiction / abuse history HECI AIMS TO NHOE LOWE
TO A FEW BEEKS IN 1993.
"I HAVE CIRRY USIS OF THE
LIVER AND I XAD TO QUITE

N-259

White to Central Records File Yellow to Institutional File Pink to Hospital Records Page 79 of 85

Case 2:07-cy- <u>9</u> 0351-CSCDocument 10-5	, Filed 07/ <u>03/2007, ∪ Rag</u> e 80 of 85
Name: ADAMS, RATHONY L	. AIS#: 180127 R/S 1914
Date: 8 / 24 / 95 DOB:	4151,56 AGE: 39
Beta II WAIS	Last School WRAT-RL Grade Completed
MMPI Welsh 2 - 49780/563;	
Code	Type
General Appearance	c. Flat or avoiding interaction
a. Neat and generally appropriate	d. Sad or worried
b. Poorly groomed	MOTOR AND WORDE TIC
A e. Other	100 ft ft from fill for the
I. Interpersonal Functioning	
a. Normal-good relationships likely	d. Lacks skill or confidence
b. Withdrawn / apparent loner	e. Probably difficult to get along with
c. Likely to ignore rights / needs	*Other (Specify) 1 2.
356. (See Copy)	
II. <u>Personality</u> a. Healthy	d. Explosive
b. Antisocial	e. Dependent
c. Paranoid	f. Passive-Aggressive
	otypal3. Histrionic4. Narcissistic
5. Borderline 6. Avoidant 7.	
9. See Copy (Write in your wording)	TENDED
g. See Copy (write in your wording)	- Company of the Comp
III. Substance Abuse a. Alcohol addiction / (abuse history)	AIMS TOXAVE WAD
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SIV BOTTLES	of WINE IDAY BETON
b. Drug addiction / abuse history	····
b. Drug addiction abuse matory	W BEERS IN 1993.
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N-259

White to Central Records File Yellow to Institutional File Pink to Hospital Records

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Name		I.D. # Institution	
DATE	TIME	NOTES	SIGNATURE
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		section from 1/1/14	
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____ c. Severe

Remarks: ____

__ f. Memory deficit

ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

TREATMENT PLAN: RESIDENTIAL TREATMENT UNIT Treatment Plan Initiated on: OSIZZO Treatment Coordinator. Same on 9 Institution: \(\frac{1}{2} \cdot \c DSM IV Diagnosis: Axis I: Now Axis II: Axis III: Axis IV: Axis V: - No Tx Plan seedo Problem #1 Goal: Target Date for Resolution: Intervention(s): Staff Member(s) Responsible: Frequency: Problem #2 Goal: Target Date for Resolution: Intervention(s): Frequency: Staff Member(s) Responsible: Problem #3 Goal: Target Date for Resolution: Intervention(s): Frequency: Staff Member(s) Responsible: Yes□ No X Second Page attached: Treatment Coordinator: Saun Psychiatrist: Mental Health Nurse: Activities Tech: Correctional Officer Present: Yes Ox on Date: 08.23.0 Inmate Agreement: X Frony Adams Treatment Plan Review to be Conducted by: 50mmens ammans (Level 1: weekly, Level 2: bi-weekly, Level 3 &4: Inmate Name adams anthon 180.127

w-9 MCF				KILBY
	MEN; AL HE	ALTH SERVICE REF	ERRAL FORM	YILLJ
PATIENT ADams, Ant	tanu 1.D.#	180127	PATIENT'S FACIL	ITY
REFERRING PERSON S		こうとう かいかんし 知りのも 郷まった しょくしょく	REF. TAKEN BY	C. LOPEZ RN M.H. SUPERVISOR
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CORRECTIONAL MEDICAL SERVICES MENTAL HEALTH SERVICES

ABNORMAL INVOLUNTARY MOVEMENT SCALE (MODIFIED)

INVOLUNTARY MOVEMENT RATINGS: Rate highest severity observed. Rate movements

that occur upon activation one less than those

observed spontaneously.

CODE: 0-No involuntary movement

1-Minimal, may be extreme

2-Mild

3-Moderate

4-Severe

PHYSICIAN EXAMINER:

Do one every six months. File in medical records

under other documents tab.

(CIRCLE ONE) MUSCLES OF FACIAL EXPRESSION: Movements of FACIAL AND ORAL eyebrows, periorbital area, cheeks; include frowning, MOVEMENTS blinking, smiling, grimacing LIPS AND PERIORAL AREA: puckering, pouting, smacking JAW: biting, clenching, chewing, mouth opening, lateral movement TONGUE: rate only increases in movement both in and out of mouth NOT inability to sustain movement 0 UPPER (arms, wrists, hands, fingers): include choreic EXTREMITY movements (rapid, objectively, purposeless, irregular, MOVEMENTS comple, serpentine). DO NOT INCLUDE tremor (repetitive, 1 2 3 regular rhythmic). LOWER (legs, knees, ankles, toes): lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot. 2 3 TRUNK NECK, SHOULDERS, HIPS: rocking, twisting, squirming, **MOVEMENTS** pelvic gyrations GLOBAL SEVERITY OF ABNORMAL MOVEMENTS 1 **JUDGEMENTS** INCAPACITATION DUE TO ABNORMAL MOVEMENTS (0)1 2 PATIENT'S AWARENESS OF ABNORMAL No awareness Aware, no distress 1 Aware, mild distress Aware, mod. distress 3 Aware, severe distress 4 CURRENT PROBLEMS WITH TEETH AND / OR DENTAL 10 0 STATUS **DENTURES** YES 1 DOES PATIENT USUALLY WEAR DENTURES? NO 0 YES

NAME: LOCATION: DOB

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
10-08-		Treatment Team mitg & inmate	
		AXISI dementia 1/4 ETOH, Togethis syndro	ne e
		Ars I deferred	
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		Axis IV incarcation	
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		1100208000	
6/8/0	T.A.	MHP & homet met & treatment	
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Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
adams, anthony	180/27	47	ВМ	BCCF

Psychiatric History: 1987 Sercy - diagnosed at Schrophrenia
Substance Abuse/Treatment History: Coraine abuse. Por blue's - 1987 Sercy-16 day, 4mo, 22 days program diagnosed as
Alcholabuse, Family Situation: Father ay 73 - brain danage
Gister-oge 36 disgrossed as Schigophrenia. Employment Singation:
Dissoluty
Educational Background: Con pletted 12 to prode
Current Psychotropic Medication: Thorities 188 Behavior: enemonide affect: broad
Current Menial Status: unrevallable mood: calm responsere Hallucintin & ving walved Affelliant
Level of Cognitive Functioning: HIGH AVERAGE BORDERLINE LIMITED
Refer for Cognitive Functioning Evaluation: YES NO
1. History of sex offenses 2. History of expressively violent behavior 3. History of victimization due to YES NO Comments: Omited head injury fossible seizure. YES NO YES NO YES NO YES NO Omited head injury fossible seizure.
criminal violence History of cerebral trauma or seizures YES NO YES NO
5. History of suicidal ideation or behavior YES NO
Priviosaly HXA Schizphrenia in revission. Substance Abase.
Apparet Attack provisional - Go estrem menorsness of sierense heart bests. TREATMENT PLAN: OTHER ALTON:
HOUSING RECOMMENDATION: GENERAL FOR CLATTER ALL. VEG. NO.
TREATMENT RECOMMENDATIONS:
Refer to psychistrist
Refer to psychistrest Follow up biweekely.
EVALUATED BY: Pullson, M.S. DATE: 8/30/95 TIME:
INMATE NAME: ID#: RACE: DOB: 1 Adams, Anthony 180127 B/M 4/5/56
1 Court I de la company de la

CORRECTIONAL MEDICAL SYSTEMS REFERRAL TO MENTAL HEALTH

REASON FOR REFERRAL: () CRISIS INTERVENTION () Family problems: () Problems with poese () Record dress: () Other: () Mutitative () Mutitative () Widefarm () Holischery () Other inappropriate behavior () EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION WHISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE () OTHER COMMENTS: And Amanual is taking flaul Referred by: MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT DEPOSITION PA. Seev by Bycket Follow-up by: Due: Time:			
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INTERDISCIPLINARY PROGRESS NOTES

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11-18-01 Yollow-UP NO Problems reported. m. Han	mill
12-20-01 Previer m. Ham	ra 411
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Facility

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Dr. Sandors

CORRECTIONAL MEDICAL SERVICES REFERRAL TO MENTAL HEALTH

	ID #:	LOCATION:	DOB:	
MATENAME: Anthony	180127	BCC		
+ 5			,	
REASON FOR REFERRAL:		•		
() CRISIS INTERVENTION () Family problems: () Problems with peers: () Recent stress: () Other:				
() Suicidal () Depressed () Slee () Homicidal () Depressed () Hall () Mutilative () Withdrawn () Hall () Hostile, angry () Poor hygiene () Sus () Other inappropriate behavior () Wir vivi ~ 5 Kin	sical Complaints p Disturbance lucinations Delusions picious Lrawling			
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() HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE				٠
COMMENTS: Reports difficulty Me Chawls; hyperactive; difficulty by Dr. Fenguson in mobile typortes irregular heart bent:	mervers 1411 Sleeping flow 5 ch. 28	Dia contra	Stin noze	<u>-</u>
Referred by: Lance Anthony	Department: SOC. SEN.	Date:	, 45°	

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

1/15/56. - WANTS FIRM & 145 Neaves. - Nevea Bec on ByTag- 1865

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Follow-up by:			
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PSYC	CHOL GICAL INTERVIE	<u>EW / DATA EN) - (Ý</u>	FORM
Name: ADAMS,	ANTHONY L	AIS#:	0127 R/S 8/11
Date:	/ 95 DOB:	415	/ <u>56</u> age:39
Beta II WA	AIS	WRAT-RL 6.8	Last School Grade Completed
MMPI Welsh 2 - 4978	0//563;	Megargee	-4
General Appearance	Barrier Barrier	/	
a. Neat and generally	appropriate WU	c. Fla	t or avoiding interaction
b. Poorly groomed	A	d. Sad	
e. Other	MATICENBUE	MOTOR MA	10 MOCAL TIC
and the same of th			
	and the second s	Pro-24/100	
I. Interpersonal Functioning a. Normal-good		d. Lac	cks skill or confidence
b. Withdrawn / a	pparent loner	e. Pro	bably difficult to get along with
c. Likely to ignor	e rights / needs	*Other (Spec	ify) 1 2.
3 5	6. (See Copy)		
grange gyangung and an analysis and an analysi		· · · · · · · · · · · · · · · · · · ·	
		-	
II. Personalitya. Healthy		d. Ex	olosive
b. Antisocial	No. of the second second	e. De	pendent
c. Paranoid		f. Pas	sive-Aggressive
Other (Specify):	1. Schizoid 2. Schizo	otypal 3. Histr	ionic 4. Narcissistic
5. Borderline _	6. Avoidant 7.	Compulsive 8.	Atypical/mixed
9. See Copy (Wi	rite in your wording)	FELRED	
III. Substance Abuse	1.5.4		
	tion / abuse history)	A11115 70	NAGE WAD
MAST	FISTORY OF	- CONSCORO	NG (177)
5	V BOTTLES	OF GLAS	E / DAY BEFOR
b. Drug addiction	n / abuse history	1 XIMIS TO) HAVE LOWE
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	LIVER AND		
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N-259

ALABAMA DEPARTMENT OF CORRECTIONS INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary, for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prison, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonably clear risk of escape or creation of institutional disorder
- Receiving psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

Mental health staff have a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access to your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigative staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

The information on this form has been explained to me and I have received a copy of this information for my future reference.

Inmate Signature

Hepatitis B Vaccine Consent Form

FACILITY NAME Bulleule	Co Connectional
Anthony Adams Inmate Name	180/27 AIS Number
KANT hong Adams Inmate Signature	Date
Dose Given 0,500 depB	
Site Given Palcaio	
Administered by Islanda T.	nosely LPN
Lot Number and Expiration D	O1/20/06

ALOCK CORRECTIONAL FACILITY PROCEDURE FOR ACCESS TO HEALTH CARE

Treatment for medical complaints is processed through nurses screening seven days a week. Inmates must complete a sick-call screening form and turn this form into medical services for processing. Designated locked collection boxes are placed in the main hall way near the Infirmary entrance for your convenience. All health services request are subjected to a three-dollar co-payment being deducted from your PMOD account, depending on your round. Pick up for this round in your unit is 8:00p.m. Doctor's clinic is held Monday, Tuesday, Wednesday, Thursday and Friday excluding holidays, or unexpected emergency.

Inmates on sick-call must report for screening or sign a refusal of treatment form declining care. Screening for population begins at 5:00am. Screening for segregation begins at 5:00am.

Pill calls for this institution are as follows:

Population	C
4:00AM	Segregation
	3:30AM
10:30AM	9:30AM
5:00PM	4:30PM
9-00-14 Annual American Communication Commun	8:30PM

Medical request on weekend and holidays are reviewed. Any request for medical attention that can not wait until doctor's next clinic will be processed at that time. All other general request will be held until regular Monday through Friday sick call. Nursing services is provided 24 hours a day with physician on call. Medical emergencies, such as those involving intense pain, potential life-threatening situation, or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health care unit is provided. Comfort medications are available in the Canteen.

Population dental sick call is held Monday, Tuesday, Wednesday, Thursday and Friday 8:00am – 9:00am. Dental complaints must be registered on a sick call form. Needed follow-up, depending on type care, is scheduled at this time. Dental screening at 8:00 am on Monday-Friday. Dental appointments and emergencies on Monday-Friday at 8:00am

Segregation inmates must register their dental complaints on the sick call form as you don for medical complaints. The dental department then makes contact with those requested services and follow-up is scheduled at this time. Dental emergency service is provided 24 hours a day with a dentist on call. Those not meeting scheduled appointments must sign a refusal of treatment form.

Your medical care is important. This is a joint effort between you and health care staff. Prescribed medicines are to be pick-up at pill call, appointments should be kept and educational in-services attended.

We ask that complaints against health care try and be resolved face to face first. If concerns cannot be resolved verbally, a written PHS Informal Grievance Form may be filed. This can be obtained in the shift commander's office. You must complete this form listing specifically the reason for dissatisfaction, steps you have taken and the action requested to resolve. Drop this form in the Sick Call Request box and you will be responded to in writing within five days. If you are still dissatisfied, you may file a "Formal Grievance Form." This can be obtained in the shift commander's office or at pill call. No Formal Grievance will be addressed prior to you filing a "PHS Informal Grievance Form."

REVISED (NOTE NCCHC standards: P-13, 32, 36, 38, 42 apply)

Signed: AMTHONY ADAMS 10-13-6.
DATE: 10/13/04



Date	= 9/24/04	
To:		
Fron	m:	
Inma	ate Name: Adums Mathony	_ ID#:
The f	ollowing action is recommended for medical reasons:	
1.	House in	
2.	Medical Isolation	
3.	Work restrictions	
4.	May have extra	_until
5.	Other	
Com	ments:	
<u>O</u>	Allow pt extra time to ent	d/t
	esoph stricture	· .
Date:	9/24/04 MD Signature: \Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Time:



Date:	re: 7/26/04	
To:	Anoc	
From	m: Ww / PHS	
Inma	nate Name: Adams, Anthony ID#	: <u>180127</u>
The fo	following action is recommended for medical reasons:	
1	House in	
2.	Medical Isolation	
3.	Work restrictions	
4.	May have extrauntil	
5.	Other	
	mments: 15 continue Respiratory isolation. Mo	in he introd
	·	
m	population. Medical hold until	9/30/04 then
	leana.	a repairing again.
Date:	e: 7/26/04 MD Signature: DR. Robbins IN N	Jun Time: 8;30 Am



Date: 8 5 0 4
To: DOC
From: OPC
Inmate Name: Adams, ANthony ID#: 180127
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments: Ø LIFT ZQOLBS X FDX
For Duration of Time
Date: 8 5 Oy MD Signature: VO B. Adam CANPl Time:
Date: 8 5 O4 MD Signature: VO B. Adam CANPI Time: JSUAULS 60418



Date:	
To: Inusk	_
From:	
Inmate Name: Adams, Anthony	_ID#:/80167
The following action is recommended for medical reasons:	
1. House in	
2. Medical Isolation	and the same of th
3. Work restrictions	
4. May have extra	_until
5. Other	
Comments: No work in titclen x	6 norths
So 6/7/05	
Date: 17/1/4 MD Signature: DR. Siddy	What Time: 870



Date	: 6-7-05
To:	Donate
Fron	n: Medical (Bullock)
Inma	ate Name: Adams, Anthony ID#: 180127
The fo	ollowing action is recommended for medical reasons:
1.	House in
2.	Medical Isolation
3.	Work restrictions
4.	May have extra until
5.	Other
Comi	Mo Work in Kitchen X 6 mos.
•	6-7-05 - 12-7-05
	7/05 MD Signature:



PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

CLASS	SPECIFIC
Diet	ADA
Diet	CARDIOVASCULAR
· ·	ALT. G.I
. ^	OTHER
Medication	
	INFECTIOUS
	ACUTE
,	CHRONIC
Treatment	PSYCHIATRIC
Trodunora.	OTHER
	BLOOD PRESSURE
	DRESSING
	ACCUCHECK
	OTHER
ACTION TAKEN BY NURSING:	Official
Counseling	25. 1 1 1 1
Discontinue Medication	Placed on sick call
Re-assign Schedule	Inform MH Department
	M.A.R. Review
ACTION TAKEN BY PRESCRIBERS:	
	O a vana lina
Physician 😾	Counseling Discontinue Meds
P.A.	Discontinue Meas
Psychiatrrist	
	Change Meds OTHER
ACTION TAKEN BY INMATE:	OINER
Treatment Refusal Signed	Refuses to sign
Explanation of Non-Compliance	Trefuses to sign

adams Anthony 1806 Bm Bcc	INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
	1 1 1 1 AD 1 V 1/ 1 N A DE 19-1/1 1 J E 1 V I	\mathcal{L}		1	BCF

PHS-MD-70057



Date: 9/16/4
To: Anoc
From:
Inmate Name: Adoms, Anthony ID#: 180127
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments:
allow pt. to dissolve nederte
in water to drink X180 d.
7
Date: 9/16/4 MD Signature: Regitage Time: 0920A



INFIRMARY ADMISSION

ADMISSION DATE: 5/25/04 ADMISSION DATE: 5/25/04 ADMISSION DATE: 5/25/04
ADMISSION DATE: $5/25/04$
ADMITTING DIAGNOSIS: ROTS
ADMITTING PHYSICIAN: ROUMS
ESTIMATED LENGTH OF STAY: Unditermined



INFIRMARY DISCHARGE

IMATE NAME: Adams, Anthony DOC# 180127 ISCHARGE DATE: 7/26/04	
ISCHARGING DIAGNOSIS: Cleared Lum TB prococutions	
SCHARGING PHYSICIAN: DR Robbin's	



NAME: Adams, Anthony	DIAGNOSIS (If Chg'd) D Annusol HC + PR BID x 7d, then
8/5/04 e 1030 8/5/04	(2) Awrusol sum + PR BIDX Bod PRW
D.O.B. 4 15 156 noted	(3) Colau Loom p.o. BID X/bd
ALLERGIES: Haldol Jarley	
	3 Please reduce medical charact
Use Last Date 8/5/04	GENERIC SUBSTITUTION IS NOT PERMITTED BALL COM
NAME: adams, anthony	DIAGNOSIS (If Chg'd) DIC INH. BG E) Continiu Ribannii 3 De WH
D.O.B. / /	date 9/30/04. Order to _
ALLERGIES:	5) DIC Ruse . Solation pharmacy time
Jacket ,	1) @ medical dold un lease
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMIT
NAME: adams anthony	DIAGNOSIS (If Chg'd)
NAME: adams, anthony 5726/04 0722	10) PEA 1500-mg pogd X 60 d.
1 18/127	11) Ethembertol 1200 ing po gd x 60 d.
D.O.B. 415156 # 180127	
ALLERGIES: Buldel	
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: adams authory	DIAGNOSIS (If Chg'd)
NAME: adams, authory 5/26/04 0722	(e) Sputum for AFB 9 Hm x3, then 9 wh x4,
	+ hen a mouth while on TB meds
D.O.B. 45156	1) IN4 300 mg pogd x 2700
ALLERGIES: Huldel	8) B6, 25 mg 40 9d x 270d
Use Second Date / /	9) Reference (00 mg 80 gd x 270 d
	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: adams, anthony \$ 126/04 0722	DIAGNOSIS 1) Chem Arofile. CBC
8/26/04 0722	2) Chem profile a mo while on TB med
D.O.B. \$ 135156	3) CYR
ALLERGIES: Halal	4) CXR a Mo while on TB meds
Now the Company of th	5) Respirator isolation
Use First Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED GENERIC SUBSTITUTION IS NOT PERMITTED
	MEDICAL RECORDS COPY



NAME:	DIAGNOSIS (If Chg'd) Santae (50 Br d X 90)
D.O.B. / / ALLERGIES: Use Last Date	MO WORK C Rutchar X END
D.O.B. / / MANUAL PROPERTY OF THE PROPERTY OF	DIAGNOSIS (If Chg'd) & NO WYA i Kitchen x Gan D Mutan (80 Brd 4 GAG) B GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Ndn w. , Mathon	DIAGNOSIS (If Chg'd)
180127	Allow pt to disdu med is work 104det
D.O.B. 4.77 146	to durah X 160 a Allie
ALLERGIES: WALGOL	/W
Use Third Date 9 / 16 / 04	
	GENERIC SUBSTITUTION IS NOT PERMITTED 18
NAME: NOW MY ANTLON - 104	OMEDIA 20 LD AND G 1 X 90 days
180117 4/103	COL 2NAME WHE POLONIC MYING
D.O.B. 4/1/16 Resident	Recherch 2 why
ALLERGIES: Muldol www.	Jurah 240 m i to q d x 180 days
Use Second Date 9 / 10 / 01	☐ GENERIC SUBSTITUTION IS NOT PERMITTED ()
NAME: NOWN , ANTLONG	DIAGNOSIS
160.00	2n-tuc 150 mg + 10 1220 X 90 dmgs
D.O.B. 4/5/56 ALLERGIES: Hyldol James	Crub Pills & disolar Capash contents i- H20
D.O.B. 7/5/56 Noted	X 70 dny,
ALLERGIES: Hyldo I James	Rechard 30 day, 160 Front Stricture
Use First Date 8 / 16 / 6~	☐ GENERIC SUBSTITUTION IS NOT PERMITTED \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
The second secon	



NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES: Use Last Date / /	
and the second s	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME.	DIAGNOSIS (If Chg'd)
D.O.B. /	
ALLERGIES:	
Use Fourth Date / /	
	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (if Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Second Date / /	GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: adoms anthony 180127	DIAGNOSIS
- Ma	Zortoc 150 mg - fo Bul X 90 days
D.O.B. 415156	50. De Diddy /ml fate
ALLERGIES:	
Use First Date 916 105	☐ GENERIC SUBSTITUTION IS NOT PERMITTED



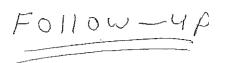
NAME:	DIAGNOSIS (If Chg'd)	
D.O.B. / / ALLERGIES:		
Use Last Date	GENERIC SUBSTITUTION IS NOT PERMITTED	
NAME: Addings Anthony	DIAGNOSIS (If Chg'd)	
18012	V /mon SW 40 04 XCO	
D.O.B. 415156016CB	(Citex T RIX XCO)	
ALLERGIES: Hal	Jary Pigra	
Use Fourth Date 1946706	GENERIC SUBSTITUTION IS NOT PERMITTED	
NAME: Adam: , Arthrony	DIAGNOSIS (If Chg'd)	
18613A19	1 desc	
D.O.B. 1 100 1	1 Dragnostic To	
ALLERGIES: 1060	100000000000000000000000000000000000000	
Use Third Date 10/6/06	GENERIC SUBSTITUTION IS NOT PERMITTED	
NAME: Adams Anghony 18	PIAGNOSIS (If Chg'd)	
180127	Rentac 150th, PO BID X180 days	
D.O.BO4/05/00	PO Deit-Siddia 1 Hallesten 7	
ALLERGIES: Holds/ MU W		
Use Second Date 05 125 124	GENERIC SUBSTITUTION IS NOT PERMITTED	
NAME: ACIOMS A-INTROPULO	DIAGNOSIS	
	Zgntac Loung Pa BIP x 180dgs	
D.O.B. 1 1 (1) (1) (1)	To unadoffsmith	
ALLERGIES:		
Use First Date 210 105	GENERIC SUBSTITUTION IS NOT PERMITTED	

DEPARTMENT OF CORRECTIONS

PROCESS TRANSFER & RECEIV	ING SCREENING FORM
RECEIVED: Inmate/Health Record Institution: Date: 16/0/09 Time: 7000 AMPM Date: 02/00/Time	F Naldol
RECEIVED FROM: Institution/Work Release Center/Free-World Hospital Date: C D Time RELEASE FROM: Infirmary Population	Segregation PHYSICAL EXAMINATION Date of last exam: OLOG Chest X-Ray Date Clog Result:
RECEIVING MEDICAL STATUS Other Population Release TO: Doc Infir	PPD Reading 4-mm Classification: Limitations:
Isolation Institution/Work Release	Center/Free-World Hospital
LAB RESULTS LAST REPORT CBC Urinalysis ——————————————————————————————————	YES NO Wears Glasses/Contacts
CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS	Theoreting Maise
Philosec 20 myad Surpak allomy, ad	MEDICATIONS X-RAY FILM Sent w / inmate HEALTH RECORD Sent w / inmate Not sent w / inmate
SCHEDULE FOR CHRONIC CARE CLINIC DATE: LAST CLINIC:	CHART REVIEWED YES NO Received by: Signature of Receiving Nurse
	Date: 19/17/04 Time: 200 AMPM
Medical Dental	hom Location (Sending Nurse) Date/Appt. Made w/Whom (Rec. Nurse)
Open Sor Lice West Went (Senong and the property of the prope	Sick Call Procedures Explained Height Weight Blood Pressure Temperature Pulse Resp.



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST



Print Name: ANTHONY AdAMS Date of Request: 12-6. ID # 180127 Date of Birth: 4/5/56 Location: 22	<u> </u>
Nature of problem or request: INGED TO GET MY STOD-MP UDDATED, MEDICATION 2-ANTA	
ANTHONY Adoms Signature	
DO NOT WRITE BELOW THIS LINE	
Date: 1910/104 Time: 0535 AMPM Allergies: Haldul Time: Receiving Nurse Intials	
(5) ubjectives I Can't Work in Retilien and I real my mede rewerl Zandar	
(O) bjective Invale Presented Cho abd prot BIP 120/10 P-14 R-16 T98	lems)
(A) ssessment: Passible, afterstin in Confact	20
(P)lan: In letur to Dee mp e 730	
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic CIRCLE ONE	PRN
Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Yes () No () Was MD/PA on call notified: Yes () No ()	
Maria 1— SIGNATURE AND TITLE	

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Filed 07/03/2007 Page 25 of 93

GLF1000 TAS

Case 2:07-cv-00351-CSC



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

MO CHATGE
FOILOW- 4P

WHITE: INMATES MEDICAL FILE

VELLOW INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

IN-PATIENT MEDICAL RECORD PROGRESS NOTES

DATE	
8/24/85	PT. is pu ETOH, COCKE, T'S + BWER -
	Por SUBSIAN ABUSEL DE 2542 of Prope
	16 15 NOT FONTHAIGHT TO SAY THE LEAST
	NO APPECTION OF THOUGHT DISURE hours
	Sloppia mes.
11	A) Pon SUB ADVST
	A) Pun SUB ATIVST ASPD DALB SEEL
	P) pb treels.
11/3/95	At Apole po rus - 1/03 BAN
	AS Apole no ruis - /tos BAN
,	CINALASÍS
11117155	po Jehr offet death Ser (Elmin
	to That a effect death Ser (Feating
:	
	Jc-
Patient's Na	ıme, (Last, First, Middle) AIS # Age R/S



9/17

Date/Time	Inmate's Name: adams, anthony D.O.B.: / /
5/27/04	48 yo Bm reportedly a high risk writact for TB. No
MA	records as to finding available.
	poutx @. Denies cruzh, fevor, whose, etc.
	VSS. appliele. No 46. alent /ouinted.
	Lungs clear.
	Heart MAL 5 @ .
	alobomen E.
	A/P) High rich TB contact.
	- Algin 4 drugs
	- Routine labs, AFB, CXR
	- Respirator violation until cultures &.
	when enteres & will ax INH + infampin for
	total of 4 mo - Discussed & Dr. Preyer (Alake
	TB)
	All
a/1/04	USS. afebrile.
0657	Chem + CBB of.
	CYE/smears/cuttures pending.
	Pall
@/3/04	AFB AMERICO X1.
0139	Rell
	1 11-11-1



Date/Time	Inmate's Name: Adams Anthony D.O.B.: / /
8/5/of C	Seen in O.P. = vequest for no-lifting profile.
1030	Clo homorrhoids says he has to push them back in P BM
	VSS; Alox3; Anxious
	Pectal - Petases PRE / homocraft
	- I see some non-dilated; non-pulsatile;
	non- strag who tel hammour haids
	Alp: 1) Ext. Int hemorrhoids
	- Anned HC BID X7 d, then
	- Ammsil × 30 d Pran
	- blace × 10 d
	- & lift 7 20 H X dure.
	E: Tx Plm
	Parly CRP
	·
· · · · · · · · · · · · · · · · · · ·	



Date/Time	Inmate's Name: Manny Malory D.O.B.: 4/5 156
9/16/05	Note: Pt 66 not keing Able to smallow need
	vill villow them to be displaced in Har
	gR, w
	0'''
9/24/04	5: Richard Goods & Erope Strictor
	0: Pt states down much beller on proloser
	Only complaint now is choting on road
	M' Gerds
	Espol Stricture by Hx
	PI MILON extra time to ent
	E: To plan
	JR. w
2/7/02	If the for Ruewed of Jayre
KO	
	DHI Pophe Wen
	Sexphaha
	A Gashi.
	De will contra latie o and
	I will cent a latie and
	1009 110 1000 115 175
·	
:0111 /E/RE\	Complete Both Sides Before Using Another Sheet



ate/Time	Inmate's Name: MUMMY, Mathomy D.O.B.: 4/5/56
11610-4	CI Ch di Mic. 141, wollowing food > med)
10100	Or Thront builty of Thywid proposed
	Hx Gends
	M: Gerds RO Eroph Stricture
	P: 2n-1nc
	Crush Meds
	Rechal 30 days
	E! Tx pin
	JR, m
	7
7/10/00	Ji Clo Throwny up blood & severe gnotoric sellox
	a' I've front stariture & bents It has been on
	2n-duc Recdyl evnn & for blood but vival
	very light brown & blood truces val- & black
	Winder of bud yis our looks dook prop
	to straining to have RM's
	Nº Constipution
	Geil7 Jener
	P. Proloser Survi
	E! Tr pln
	JR, N
· · · · · · · · · · · · · · · · · · ·	
	O



)ate/Time	Inmate's Name: Adams, Authory D.O.B.: / /
115/04	Tobrating meds. awaiting cultures. CXR G. Smeans G
0655	Tokratuj meds. awaiting cultures. CKR G. Smears G
22/04	VSS. afebil. No 40.
6658	NSS. afebil. No 40. Oll AFB smean & thus four, AFB cultures pending. All-
,	73665
128/04	vec all a Anna marker & a three weeks
(L 8101	ON TB meds rince 5/27/04.
	ON TB meets rure 3/27/04.
	Jour State of the state of the
16/04	USS. Apelile. No c/o. surears E, cultures pending.
0-659	Polif
+ ,	
19/04.	AFB cultures at all all as le mbs (5/28 collection)
	arel continue 4 drugs + isolation until Cas & who, then
	INHIRIC for 4 mo total (latest TB).
	Descussed & Dr. Preyan (starte TB)
	Kolf
26 loy	AFB enterus @ @ 8 who pen 78 lab.
08/6	Plan Ripampin for 4 mo total - stop date 9/30/04
	D/c Resp. Sudation.
	All
	Complete Both Sides Before Using Another Sheet
111 (5/85)	Combiere Born grade Science Camilla Vingration among

Case 2:07-cv-00351-CSC Document 10-6 Filed 07/03/2007 Page 33 of 93

DATE TIM	NOTES	SIGNATURE
14/04	NOTES Recd @ Bullock with only one volume, flad modand mor included.	2 2 2
	flad modand mar included.	- Samuka Haiterdonko
1	y (coo o rice)	()·
	·	
,		
No. of the last of		
		·
Dationt's 11	me, (Last, First, Middle)	Age R/S Facility
auent s Na	me, (Last, First, Middle)	Tyo racinty
	no Anthony 180127	B/m am
_ (Adai	no, Anthony 180127.	7.16

DEPARTMENT OF CORRECTIONS

					1036
87117 8140 AUM DE	ALABAMA DEPARTMI BUREAU OF CLIN TYP, P.O.BOX 244018, MONT	ICAL LABORATORIE	ALTH S 24-4018-(334),260-3400;	State Libritizat Statusuru	enigh;
Name: Last	III III AA	thomu	Shaded area for Laboratory use only	Indiacology Williams	end 25
County Health Dept. CHR Num	Date of Birth	14 UBS 54	Divesults ⊔oy Matuberculosi	container. xelgmos a)വിടനAmt. of
Medicaid Number	10/12/7 1	MB	☐ M. avium com	plex	
Social Security Number	Date Collected	016 A 4 5 4	2 M. gordonae	11 12 13 13 13 14 17	avean av
Specimen submitted:	그는 그렇게 하는 사람들이 되는 사람들이 되었다.	Culture Identification	No Mycobacte pair Unsat. Code		
Other:		Jiriod, Mcdia	Other:	est the table	D. <i>Calida</i> E. Other
Il private insurance available, sen	d copy of card. Patient's Residently County	dent #∿/√\	reservation of the		
Mail Report to:	D. 5 78mg 1	<u> </u>		juiti up la 5 100 valonie	
ADPH-F-CL-412 AND 413 required with all specimens and cultures	mt. neig	, AL_	3 60 57 38 ZIP CODE' 38	2190 <u>0 2010111</u>	005bb +5
ADPH-F-BCL-412/REV. 3-00	Provid	der Number	Ana	ilyst Di	An Available Reported /
	2 P 1949 194			0590	- T
B CULTURE ALABA BU 17 8140 AUM DRIVE P.Q.(AMA DEPARTMENT OF F JREAU OF CLINICAL LAR BOX 244018, MONTGOMERY First	BORATORIES ALABAMA, 36124-4018. (3:	State 34), 260-3400	કળ અને	W.
dram statilit	First N. HAOL	MI Shaded Eabbrato	cosiled the pholest of the party of the payless of	MM DO PB	άΨ
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Case 2:07-cv-00351-CSC Document 10-6 Filed 07/03/2007 Page 46 of 93 Facility Name: Bullock Correctional Facility 10/05 18 19 20 21 22 23 24 25 26 27 28 29 zantac 150MG Tab 60.00 Take 1 tablet(s) by mouth twice daily Start Date: 09-09-2005 Siddio, Tahir RX#: 250573901 Stop Date: 12-07-2005 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Start Date: Stop Date: RX#: Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 25 Start Date: Prescriber: Stop Date: RX #: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Start Date: Prescriber Stop Date: RX #: Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 25 Start Date: Prescriber: Stop Date: Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 21 Start Date: Prescriber: Stop Date: RX #: Diagnosis Initial Documentation C Nurse's Signature 1. Discontinued Orde 2. Refused Allergies 3. Patient out of facil 4. Charted in Error 5. Lock Down Population Housing Unit: 6. Self Administered Patient ID Number: 180127 7. Medication out of Patient Name: 8. Medication Held 9. No Show Adams, Anthony Date of Birth: 10. Other

Case 2:07-cv-00351-CSC Filed 07/03/2007 Page 47 of 93 Document 10-6 | Month/Year of Charling: 09/05 | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | Bullock Correctional Facility Facility Name: 60.00 Ranitidine HCI 150MG Tab TAKE 1 TABLET(S) BY MOUTH TWICE DAILY Prescriber: Siddio, Tahir Start Date: 06-08-2005 7520293 09-05-2005 RX #: Stop Date: 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 31 Hour Zantac 150 ms +80 B10 1100 1200 Start Date: Stop Date: 13/4 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 3 Prescriber: Start Date: RX # Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Prescriber: Start Date: RX #: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Hour Prescriber: Start Date: RX #: Stop Date: 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Hour 1 2 3 Prescriber: Start Date: RX #: Stop Date: Initial Documentation C Nurse's Signature Initial Nurse's Signature Diagnosis 1. Discontinued Ord 2. Refused Patient out of fa Allergies 4. Charted in Erro! Lock Down Self Administer Population Housing Unit: 7. Medication out∱ Patient ID Number: 180127 8. Medication Hel Patient Name: 9. No Show 10. Other Date of Birth: Adams, Anthony

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(BUL-465) BULLOCK CORRECTIONAL FAC

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(RUL-465) BULLOCK CORRECTIONAL FAC

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(BUL-465) BULLOCK CORRECTIONAL FA

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Case 2:07-cv-00351-CSC Document 10-6 MEDICATION ADMINISTRATION RECORD 01/01/2005

Filed 07/03/2007 Page 57 of 93

(BUL-465) BULLOCK CORRECTIONAL FAC

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MEDICATION ADMINISTRATION RECORD

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MEDICATION ADMINISTRATION RECORD

10/01/2004

(KIL-445) KILBY CORRECTIONAL FAC

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SONIAZIO (INH) 300M3 TAB TAKE 1 TABLET(S) BY MOUTH DAILY EX: 5682979 ROBBINS, M.D. (NED D. MICH	AEL, VIII		
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PYRIDOXINE (VIT B-6) 25MB TAB TAKE 1 JABLET(S) BY FOUTH DAILY RX: SAB2785 RODBINS, M.D. (MED D. MICH START - 05/27/2004 STOP - 02/20/2005	AFI.		
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TAKE 2 CAPSULE(S) BY NOUTH DAILY RX: 5683987 ROBBINS, M.D. (MED) D. MICH			
START - 05/27/2004 STOP - 02/20/2005		6 7 0 3 00 00 14 17 14 15 18 18 18 18 18 18 18 18 18 18 18 18 18	8 10 20 21 22 23 24 25 27 (5)
RANITIDINE (ZANTAC) 150NG TAB TAKE 1 TABLET(S) BY NOUTH TWICE DAILY (CRUSH PILL AND DISSOLVE IN WATER) RX: 6085046 RIGHTMYER, N.P., JOE, NP	0900 1800		
START 08/18/2004 STOP - 11/15/2004 DOCUSATE CALCIUM (SURFAK) 240NG CAP			# 48 50 50 51 52 52 50 50 50 50 50 50 50 50 50 50 50 50 50
TAKE 1 CAPSULE(S) BY MOUTH DAILY	0960 BULGO	ocarocococos cun posc	OCINCO NED A AD
RX: 6210301 RIGHTHYER, N.P., JOE, NP START - 09/11/2004 STOP - 03/09/2005			
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RX:: 6224407 ROBDINS, M.D. (MED D. MICH START - 09/15/2004 STOP - 12/13/2004		AND THE AND THE AND THE PROPERTY OF THE PROPER	
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IVIEDICA CASE 2:07-CY-00351-CSC. Document 10-6 Page 60 of 93 (KIL-445) KILBY CORRECTIONAL FAC 09/01/2004 STDT01 The views GAT CHOOS (HAI) CINAINTEI TAKE I TABLET (S) BY MOUTH DAILY RX: 5682979 ROBBINS, M.D. (MED D. MICHAEL START - 05/27/2004 PYRIDOXINE (VIT B-6) 25MG TAB TAKE I TABLET (S) BY MOUTH DAILY RX: 5682985 ROBBING, M.D. (MED D. MICHAE) START - 05/27/2004 STOP - 02/20/2005 RIFAMPIN (RIMACTANE/RIFADIN) 300MG CAP TAKE 2 CAPSULE(S) BY HOUTH DAILY RX: 5683787 ROBBINS, M.D. (MED D. MICHAE) STOP - 02/20/2005 START - 05/27/2004 HETORRHOIDAL (FREP-H), SUPP UHURAP & INSERT 1 SUPPOSITORY PER RECTUR TWICE DAILY FOR 30 DAYS AS HEEDED RX 6033718 ADAHS, N.P., BRADFURD , MP STOP - 09/11/2004 RANITIDINE (ZANTAC) 150MG TAB TAKE I TABLET(S) BY MOUTH TWICE DAILY (CRUSH FILL AND DISSOLVE IN WATER) 6085046 RIGHTHYER, N. P. , JOE , NF START - 08/18/2004 FGIEBYD MG L180D 396C NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE THROUGH 09/30/2004 CHARTING FOR 09/01/2004 Medical Recor Telephone No. Physician RIGHTMYER, N. P. , JOE Alt. Telephone Alt. Physician Rehabilitative HOME KNOWN 'ergies Potential Diagnosis

Diagnosis

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MEDICATION ADMINISTRATION RECORD

08/01/2004

PATIENT

(KIL-445) KILBY CORRECTIONAL FAC

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PYRIDOXINE (VIT P-6) 25ng TAB	
TAKE 1 TABLET(S) BY HOUTH DAILY	
RX: 5682985 ROBBINS, M.D. (MED D. MICHAEL , START - 05/27/2004 STOP - 02/20/2005	
RIFAMPIN (RIMACTANE/RIFADIN) 300MB CAP TAKE 2 CAPSULE(S) BY MOUTH DAILY	
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CHARTING FOR 08/01/2004 THROUGH 08/1 Physician RDBINS, M.D. (NED D. NICHAEL	31/2004 Telephone No. Medical Record
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(KIL-445) KILBY CORRECTIONAL FAC

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STDT01	
PYRAZINAMIDE (P. Z. A.) 500MG TAB 1,0 C	
TAKE 3 TABLET(S) BY MOUTH DAILY 090 WWW	DELLEN SOLGIGIENO CONTROLO STOR
RX: 5682969 ROBBINS, M.D. (MED D. MICHAEL,	
START - 05/27/2004 STOP - 07/25/2004	
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Alt. Physician	
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(BUL-465) BULLOCK CORRECTIONAL FAC

MEDICATION ADMINISTRATION RECORD

04/01/2004

STDT01 (WEDICATIONS RANITIDINE (ZANTAC) 150MG TAB TWICE DAILY TAKE 1 TABLET(S) BY MOUTH COPIN. 4892098 SIDDIQ, M.D. (MD DIR, TAHIR STOP - 06/01/2004 START - 12/05/2003 18 19 20 21 22 23 24 25 26 27 2 9 10 11 12 13 14 15 16 17 5 6 d 779 经种格特 可抗性性 "阿尔斯克" **影響的影響的** THE RESERVE 19 20 21 10 12 13 14 15 3 5 18 19 20 21 22 23 24 15 16 17 10 BOWN THE R BEAR MEANING 22 23 24 25 20 21 2 MEDICATIONS NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE 04/30/2004 THROUGH 04/01/2004 CHARTING FOR Medical Record Telephone No. (MD DIR, TAMER SIDDIQ, M.D. Physician Alt. Telephone Alt. Physician NONE KNOWN Rehabilitative 'llergies Potential Diagnosis Medicare Number Medicaid Number Title: BED FAC ROOM NO. PATIENT CODE PATIENT:

MEDICATION ADMINISTRATION RECORD

(BUL-465) BULLOCK CORRECTIONAL FAC

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MEDICATION ADMINISTRATION RECORD

01/01/2004

(BUL-465) BULLOCK CORRECTIONAL FAC

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MEDICATION ADMINISTRATION HECORD

Filed 07/03/2007

Page 71 of 93

07/01/2005

(BUL-465) BULLOCK CORRECTIONAL F

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MEDICATION ADMINISTRATION RECORD

PATIENT

(BUL-465) BULLOCK CORRECTIONAL FA 06/01/2005 STOTO RAMITIDINE (ZANTAC) 150MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY 100 6630444 SIDDIQ, M.D. (MD DIR, TAHIR, M TOO A A A A DA START - 12/09/2004 5TOP - 06/06/2005 Zantac 150, PO BID X90 day 1100 1700 22 23 24 25 26 27 48 15 18 13 18 20 21 3 12 15 16 BUEDIE VIID EN EN CARRON VIEW DE MAN NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE CHARTING FOR 04/01/2005 THROUGH 06/30/2005 Medical Re Telephone No. Physician SIDDIQ, M.D. (MO DIR. TAHIR Alt. Telephone Alt. Physician NONE KNOWN Rehabilitative Potential " rgies Diagnosis Complete Entries Checked; Madicare Muraba Medicaid Number

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MEDICATION ADMINISTRATION HECOTOS

Filed 07/03/2007

Page 75 of 93

04/01/2005

(BLL-465) BLLLOCK CORRECTIONAL FF

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PATIENT ADATS, ANTHONY		•									PAT	TENT	00 012			RO	N MC 1	O.	ľ	

AFB SMEAR 87206 8140 AUM Name: Last	ALABAMA DEPARTMENT OF PUBLIC HEAL BUREAU OF CLINICAL LABORATORIES DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 36124	_TH
County Health Dept. CHR N Medicaid Number Social Security Number Specimen submitted: Bronchial Wash Other:	Date of Birth Date of Birth Date of Birth Date of Birth Date of Birth Date Collected C	Shaded area for Laboratory use only Results for Acid-fast bacilli: Rare Company MM DD YY Received (5 0 1) Not Found Few Moderate Numerous
f private insurance available, st Mail Report to:	Patient's Resident County PO BY	Unsat. Code = (See Rey (Se))
DPH-F-CL-412 AND 413 quired with all specimens — id cultures DPH-F-BCL-413/REV. 3-00	M. t. no co , AL 30	P CODE MM DD YY

87206 8140 AUM E	BUREAU OF (PRIVE, P.O. BOX 244018, M	CLINICAL LABORATORIES	5 4-4018 (334) 260-3400
Name: Last County Health Dept. CHR Nu Aedicaid Number Social Security Number Specimen submitted:	First -	MM DD YY Sex Race MM DD YY	Shaded area for Laboratory use only Results for Acid-fast bacilli: Found
☐ Bronchial Wash ☐ Other:	☐ CSF	☐ Inoc. Media	C (P Numerous to vision as a
private insurance available, se	Patient's County	Resident AS	Unsat. Code = (See Reverse)
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Collected Collected Continue Identification	☐ Moderate
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Other:	Unsat. Code = (See Reverse)
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If private insurance available, send copy of card. Patient's Resident County	me elso no Color on Color
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AL CONTROL AL	36/57 SMM 35-DD YY
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required with all specimens and cultures	Analyst Date Reported
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DEFARTMENT OF CORRECTIONS

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AFB CULTURE		LINICAL LABOR	ATORIES	State Lab #	80
	RIVE, P.O. BOX 244018, MC	JINTGUWERY, ALAE		<u>- 10 </u>	
Name: Last 	First A D	1+1/101011	/ Laborator	rea for MM DE y use only Date Received A	04
County Health Dept. CHR Num	ber Date of Birth	0405	- 1 2 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	its uberculosis complex	Amt. of Growth
Medicaid Number	10112171	Sex Ra	В Пм. а	avium complex	+
Social Security Number	Date Collecte	MM DD.	L10144	gordonae	1
Specimen submitted:	 Sputum	☐ Culture Ider		Mycobacteria Isolated	
Bronchial Wash	□ CSF	☐ Inoc. Media	☐ Uns	at. Code =See Reverse	
Other:	<u> </u>	·	Oth	er: <u></u>	<u> </u>
If private insurance available, ser	d copy of card. Patient's I	Resident		er di dikeni di kangan	ana i
Mail Report to:	P. 10. B	S 11			
ADPH-F-CL-412 AND 413 required with all specimens — and cultures	Mt Mo		, AL 3605	7 MM DD	, m , 0 4
ADPH-F-BCL-412/REV. 3-00	<u> </u>	Provider Number		Analyst Date Repo	ted

PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.	
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SPECIMEN 203-205-5102-0	TYPE S	PRIMARY LAB MB	REPORT STATUS COMPLETE		Page #:	1
	AD	DITIONAL INFO	RMATION			
WW		FASTING: N DOB: 4/05/19				
PATI ADAMS,ANTH	ENT NAMI IONY	Ε	SEX AGE M 48		YR./MO: / 3	S.)
PT. ADD.:						
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San island	TES	Γ			RESU	LT

100	LIMITS	LAB
• • • • • • • • • • • • • • • • • • • •	lealth Services Vares Ferry Road gs AL	36507-0000
PHYSICIAN ID. ROBBINS M	r ID. 27	
CLINIC	AL INFORMATION CD- 95202806567	

	CMP12+LP+TP+TSH+6AC+CBC/D/Plt				MB
	Chemistries		/ 17	65 - 99	MB
	Glucose, Serum	96	mg/dL	2.4 - 8.2	MB
	Uric Acid, Serum	5.9	mg/dL	5 - 26	MB
	BUN	8	mg/dL		MB
	Creatinine, Serum	0.8	mg/dL	0.5 - 1.5	MD
	BUN/Creatinine Ratio	10		8 - 27	
	Sodium, Serum	140	${ t mmol/L}$	135 - 148	MB
	Potassium, Serum	3.8	mmol/L	3.5 - 5.5	МВ
	Chloride, Serum	102	mmol/L	96 - 109	MB
	Calcium, Serum	9.1	mg/dL	8.5 - 10.6	MB
		3.9	mg/dL	2.5 - 4.5	MB
	Phosphorus, Serum	7.3	g/dL	6.0 - 8.5	MB
	Protein, Total, Serum	3.8	g/dL	3.5 - 5.5	MB
	Albumin, Serum	3.5	g/dL	1.5 - 4.5	
	Globulin, Total	1.1	9,00	1.1 - 2.5	
	A/G Ratio	0.7	mg/dL	0.1 - 1.2	MB
	Bilirubin, Total		IU/L	25 - 150	MB
	Alkaline Phosphatase, Serum	73		100 - 250	MB
	LDH	157	IU/L	0 - 40	MB
	AST (SGOT)	29	IU/L	0 - 40	MB
	ALT (SGPT)	19	IU/L		MB
	GGT	48	IU/L		MB
	Iron, Serum	125	ug/dL	40 - 155	
	•				MB
	Lipids			100	MB
	Cholesterol, Total	175	mg/dL	100 - 199	MB
>	Triglycerides	186 H	mg/dL	0 - 149	MB
	HDL Cholesterol	44	${\tt mg/dL}$	40 - 59	МВ
	VLDL Cholesterol Cal	37	mg/dL	5 - 40	
	LDL Cholesterol Calc	94	mg/dL	0 - 99	
	T. Chol/HDL Ratio	4.0	ratio uni	ts 0.0 - 5.0	
	Estimated CHD Risk	0.7	times av	g. 0.0 - 1.0	
	ESCIMATED NION			T. Chol/HDL Ratio	
				Men Women	
			1/2	Avg.Risk 3.4 3.3	
				Avg.Risk 5.0 4.4	
				Avg.Risk 9.6 7.1	
				Avg.Risk 23.4 11.0	
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The CHD Risk is based on the T. Chol/HDL ratio. Other



Case 2:07-cv-00351-CSC KILBY CORRECTIONAL FACILITY

Document 10-6

Filed 07/03/2007

DATE OF REPORT: 7:09 AM

PO BOX 11 MT. MEIGS, AL 36057

AIS NO. NAME 108/180127 ANTHONY ADAMS		FACILITY BCCF				

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NT		NEGATIVE (NEG)
RPR	NR		NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NT		NEGATIVE (NEG)
GLUCOSE	NT		NEGATIVE (NEG)
KETONES	NT	3000	NEGATIVE (NEG)
BILIRUBIN	NT		NEGATIVE (NEG)
BLOOD	NT		< 5 RBC/MCL (NEG)
NITRITE	NT	~ / /	NEGATIVE (NEG)
UROBILINOGEN	NT /		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NT /	1 8	NEGATIVE (NEG)
* NT = Not Tested		JUL/	
		718	

DEPARTMENT OF CORRECTIONS

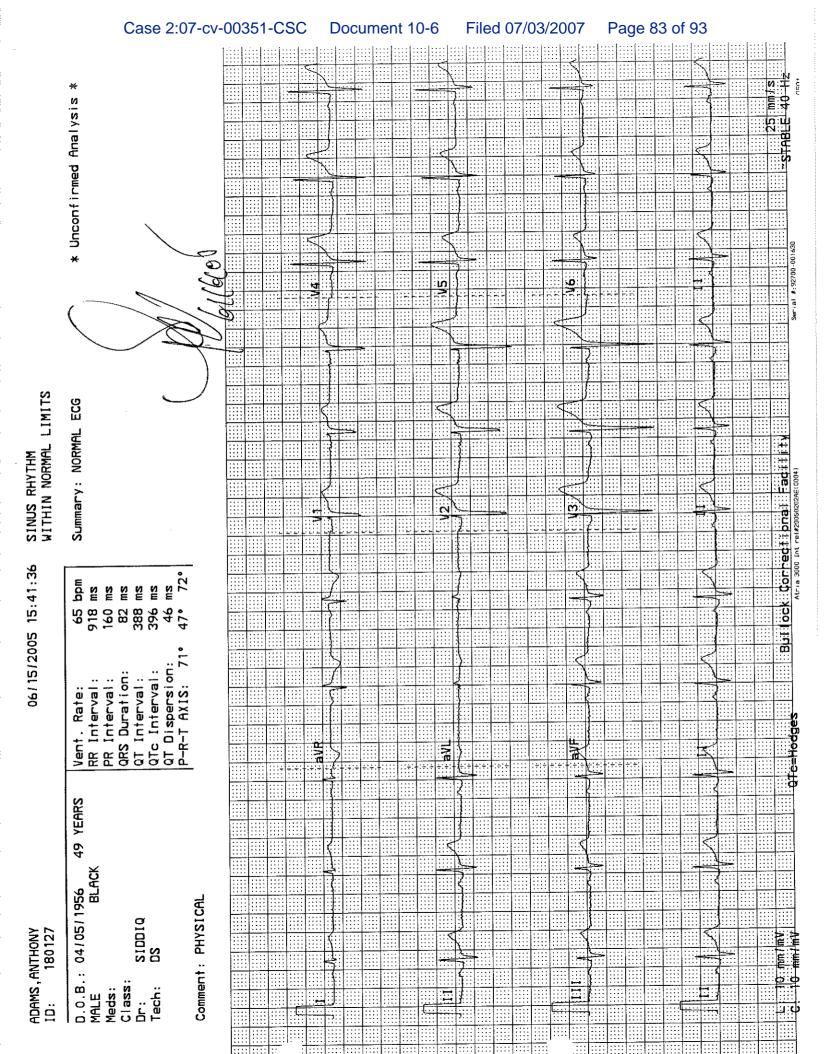
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BUREAU C	PARTMENT OF PUBLIC HEAL OF CLINICAL LABORATORIES 18, MONTGOMERY, ALABAMA 36124	191 65 To Lab #11 A A A A A A A
Name: Last Fig	JINHHHOINIAI MI	Shaded area for Laboratory use only Date 7 23 04
,	Date of A DIY 05 56	Results ☐ M. tuberculosis complex Growth
Modicaid Number Social Security Number	Sex Race	☐ M. avium complex
	Date Collected) 7 2 2 0 4	☐ M. gordonae
Specimen submitted: Sputum Bronchial Wash CSE	☐ Culture Identification☐ Inoc. Media	Unsat. Code = See Reverse
	ent's Resident	Other:
Mail Report to:	inty }	
ADPH-F-CL-412 AND 413 required with all specimens and cultures ADPH-F-BCL-412/REV. 3-00	, AL 2	ZIP CODE MM DD YY Analyst Date Reported
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PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.
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DEPARTMENT OF CORRECTIONS

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AFB CULTURE ALABAMA DEPARTMENT OF PUBLIC HEA BUREAU OF CLINICAL LABORATORIE 87117 8140 AUM DRIVE, P.O. BOX 244018, MONTGOMERY, ALABAMA 3612	S GOOD Lab # Classic Control Control
Name: Last First MI A CIA in 9 1 1 1 A DHN ON H	Shaded area for Date Date Date Date Date Date Date Date
County Health Dept. CHR Number Date of Date of Sex Race	Results Amt. of M. tuberculosis complex Growth
Social Security Number MM DD YY	☐ M. avium complex ☐ + ☐ M. gordonae
Specimen submitted: Date Collected O O Culture Identification	No Mycobacteria Isolated
☐ Bronchial Wash ☐ CSF ☐ Inoc. Media ☐ Other:	☐ Unsat. Code = See Reverse
If private insurance available, send copy of card. Patient's Resident	Other:
Mail Report to: KI/by PHS	Little Of the sound of
ADPH-F-CL412 AND 413 required with all specimens and cultures , AL	36057 ZIP CODE
ADPH-F-BCL-412/REV. 3-00 Provider Number	Analyst Date Reported
FB CULTURE ALABAMA DE ARTMENT OF PUBLIC HEALTH	10590 State
BUREAU CF CLINICAL LABORATORIES 117 8140 AUM DRIVE; P.O. BOX 244011, MONTGOMERY, ALABAMA 36124-4018 (3	334) 260-3400
	larea for MM DD YY ory use only Received 6 29 04
Sex Hace	tules Growth
	avium complex Aboa yrosessisenti Gordonae
Collected (1/10/7) A U.Y.	in Mycobacteria isolated should \$ 6 6
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Mail Report to:	<u>ं वटा वंदे सा किन्नु विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास विकास</u>
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PH-F-BCL-412/REV. 3-00 Provider Number	Analyst Date Reported
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PATIENT'S NAME LAST	FIRST	MIDDLE	AGE	R/S	ID. NO.
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]	RADī	OLOGY SERVICES REQUEST	AND REPORT	_		State ID	ио:—— <u>Б</u>	30107	
٠,		7				DOB	4-5	5-56	
	insti	TUTION: BULLOCK	<u>, </u>			Racet	R.	Sex:	
- 1	NOTE:	PERTINENT CLINICAL INFORMATION	VND LENLYLIAE DIY	ON	OSIS MUST BE PRO	VIDED POI	XRAYE	CAMINATION TO BE PERFOR	MED
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	7	CREAT PA / LATERAL	R		PELYE			THORACICATRIE	
		COCCTA	HUMERUS	H	RADREARKA			TECAPBULA	_
·		CONE DOWN SELLA TURCICA	LUMBAR SPINE		PACEO-I JACK			1063	
•	_	FLNOW	MANUSELE		#CAPUTA	ARIS		ZYCOMA	
		FACIAL BONES	MAXELA		PHYCLDER			2YCOMATIC ARCH	
		PENUS	NASAL BONES		skull.				
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•	IM	est: The heart is not enlarge PRESSION: THERE IS NO	e. The lungs are EVIDENCE OF A	CT	ear. IVE CARDIOP	ŲLMON	IARY DI	SEASE.	
•		& T: 06-16-05 Maurice H. Ro	,	Ħ				•	l
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6/28/2004	8:36	6/28/2004	6/29/2	2004	11:29	4903	ACCOUNT NUMBER:	01306900
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ADAMS,ANTH pt. add.:	IONY	1	М	46			ACCOUNT: KILBY CO PRISON HI 12201 Ward	EALTH SEI
PATIENT NAME			SEX AGE(YR./MOS.) M 48 / 2		ROBBINS M			
ww	AI	FASTÎNG: 1 DOB: 4/05/1	٧				CLINICAL C PHYSICIAN ID.	INFORMA D- 9520280 PA
	AT	DITIONAL INFO	RMATION					
SPECIMEN 180-205-5064-0	TYPE S	PRIMARY LAB MB	COMPLE		Page #:	2		

	INFORMATION D- 95202805724	
PHYSICIAN ID. ROBBINS M	PATIENT 18012	
1140011	RRECTIONAL FA EALTH SERVICES es Ferry Road	
Mt. Meigs ACCOUNT NUMBER:	*	36507-0000
I	LIMITS	LAB

factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

mature cho.				
,				MB
Thyroid				MB
TSH	2.077	uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	8.0	ug/dL	4.5 - 12.0	MB
T3 Uptake	23 L	્રે	24 - 39	MB
Free Thyroxine Index	1.8		1.2 - 4.9	
•				MB
CBC, Platelet Ct, and Diff				MB
White Blood Cell (WBC) Count	4.7	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.88	x10E6/uL	4.10 - 5.60	MB
Hemoglobin	14.8	g/dL	12.5 - 17.0	MB
Hematocrit	44.5	엉	36.0 - 50.0	MB
MCV	91	fL	80 - 98	MB
MCH	30.4	pg	27.0 - 34.0	MB
MCHC	33.3	g/dL	32.0 - 36.0	MB
RDW	12.1	qlo	11.7 - 15.0	MB
Platelets	180	x10E3/uL	140 - 415	MB
Polys	53	do	40 - 74	MB
Lymphs	33	olo	14 - 46	MB
Monocytes	8	0/0	4 - 13	MB
Eos	6	લ	0 - 7	MB
Basos	0	olo	0 - 3	MB
Polys (Absolute)	2.5	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.6	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.4	x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000





SPECIMEN 147-205-5079-0	TYPE S	PRIMARY LAB MB	REPORT ST. COMPLET	i	Page #:	1
	AD	DITIONAL INFO	RMATION			
ww		FASTING: 1 DOB: 4/05/1				
PATIE ADAMS,ANTH	ONY	C	SEX M	AGE(48	YR./MO: / 1	S.)
PT. ADD.:						
DATE OF SPECIME	N TIME 9:40	5/26/2004	D DATE REPO		TIME 7:26	3785

CLINIC	AL INFORMA		I
	CD- 9520280	4666	
PHYSICIAN ID. ROBBINS M	PA	TIEN" 1801	
ACCOUNT: KILBY			
,	HEALTH SEF		
12201 W	ARES FERRY		
MT. ME	IGS	ΑL	36507-0000
ACCOUNT NUMBER	: 01306900		
	LIMITS		LAB

	TEST	RES	ULT	LIMITS	LAB	
<u> </u>	CMP12+LP+TP+TSH+6AC+CBC/D/Plt				MB	
	Chemistries			65 - 99	MB	
>	Glucose, Serum	64 L	mg/dL			
	Uric Acid, Serum	4.2	mg/dL	2.4 - 8.2	MB	
	BUN	8	mg/dL	5 - 26	MB	
	Creatinine, Serum	0.9	mg/dL	0.5 - 1.5	MB	
	BUN/Creatinine Ratio	9		8 - 27		
	Sodium, Serum	140	mmol/L	135 - 148	MB	
	Potassium, Serum	4.3	mmol/L	3.5 - 5.5	MB	
	Chloride, Serum	102	${ t mmol/L}$	96 - 109	MB	
	Calcium, Serum	10.2	mg/dL	8.5 - 10.6	MB	
	Phosphorus, Serum	3.5	mg/dL	2.5 - 4.5	MB	
	Protein, Total, Serum	7.7	g/dL	6.0 - 8.5	MB	
	Albumin, Serum	4.3	g/dL	3.5 - 5.5	MB	
	Globulin, Total	3.4	g/dL	1.5 - 4.5		
	A/G Ratio	1.3	.	1.1 - 2.5		
	Bilirubin, Total	1.0	mg/dL	0.1 - 1.2	MB	
	Alkaline Phosphatase, Serum	92	IU/L	25 - 150	MB	
		172	IU/L	100 - 250	MB	
	LDH AST (SGOT)	46 H	IU/L	0 - 40	MB	
>		41 H	IU/L	0 - 40	MB	
>	ALT (SGPT)	36	IU/L	0 - 65	MB	
	GGT	131	ug/dL	40 - 155	MB	
	Iron, Serum	1. 0 1	49/41		MB	
	•				MB	
	Lipids	191	mg/dL	100 - 199	MB	
	Cholesterol, Total		mg/dL	0 - 149	MB	
>	Triglycerides	154 H		40 - 59	MB	
	HDL Cholesterol	43	mg/dL	5 - 40	110	
	VLDL Cholesterol Cal	31	mg/dL	0 - 99		
>	LDL Cholesterol Calc	117 H	mg/dL	V - 33	MB	
	Comment				LID	

Comment If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category LDL Goal LDL Level (mg/dL) LDL Level (mg/dL) at which to at which to initiate mg/dL consider Drug Therapeutic Lifestyle Therapy Changes (TLC)

>100 >or=130 <100 CHD





SPECIMEN 147-205-5079-0	TYPE S	PRIMARY LAB MB	REPORT STAT	US	Page #:	2
	AD	DITIONAL INFO	RMATION			
ww		FASTING: N DOB: 4/05/19				
PATI ADAMS,ANTI	ENT NAME HONY	Ε	SEX A	48	/ R./MO / 1	S.)
PT. ADD.:						
DATE OF SPECIM 5/26/2004	EN TIME 9:40	5/26/2004	D DATE REPORT 5/27/2004	ΓED	TIME 7:26	3785
5/26/2004	9:40	5/26/2004	5/27/2004	·	7:20	

	L INFORMATION CD- 95202804666
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
	DRRECTIONAL FACILITY BEALTH SERVICES
12201 WA MT. MEIO	RES FERRY ROAD S AL 36507-0000

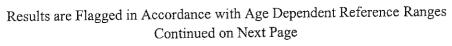
ACCOUNT NUMBER: 01306900

LIMITS LAB TEST RESULT

>or=130 >or=130 2+ Risk Factors <130 >or=190 >or=160 0-1 Risk Factors <160 0.0 - 5.0ratio units T. Chol/HDL Ratio 4.4 0.0 - 1.0times avg. 0.8 Estimated CHD Risk T. Chol/HDL Ratio Men Women 3.3 1/2 Avg.Risk 3.4 Avg.Risk 5.0 4.4 2X Avg.Risk 9.6 7.1 11.0 3X Avg.Risk 23.4

> The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

				MB
Thyroid	1.017	uIU/mL	0.350 - 5.500	MB
TSH	9.8	ug/dL	4.5 - 12.0	MB
Thyroxine (T4)		8 8	24 - 39	MB
T3 Uptake	24	Ö	1.2 - 4.9	**-
Free Thyroxine Index	2.4		1.2 4.0	МВ
CBC, Platelet Ct, and Diff				MB
White Blood Cell (WBC) Count	5.8	x10E3/uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	5.26	x10E6/uL	4.10 - 5.60	MB
	15.7	g/dL	12.5 - 17.0	MB
Hemoglobin Hematocrit	48.1	8	36.0 - 50.0	MB
	91	fL	80 - 98	MB
MCV	29.8	ba	27.0 - 34.0	MB
MCH	32.7	g/dL	32.0 - 36.0	MB
MCHC	12.8	8 9, an	11.7 - 15.0	MB
RDW	226	x10E3/uL	140 - 415	MB
Platelets	60	8	40 - 74	MB
Polys	26	90	14 - 46	MB
Lymphs		o o	4 - 13	MB
Monocytes	8		0 - 7	MB
Eos	5	9	•	MB
Basos	1	8	0 - 3	
Polys (Absolute)	3.5	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.5	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.5	x10E3/uL	0.1 - 1.0	MB





MB



SPECIMEN 147-205-5079-0	TYPE S	PRIMARY LAB MB	REPORT ST. COMPLET		Page #:	3
L	AD	DITIONAL INFO	RMATION			
WW		FASTING: N DOB: 4/05/19				
PATIE ADAMS,ANTH	NT NAME	E	SEX M	AGE(48	YR./MO / 1	S.)
PT. ADD.:						
DATE OF SPECIME	N TIME	DATE RECEIVE	D DATE REPO	ORTED	TIME	
5/26/2004	9:40	5/26/2004	5/27/20	04	7:26	3785

	INFORMATION - 95202804666
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
	RECTIONAL FACILITY ALTH SERVICES ES FERRY ROAD
MT. MEIGS ACCOUNT NUMBER:	AL 36507-0000 01306900

TEST	RES	ULT	LIMITS	LAB
Eos (Absolute Value) Baso (Absolute)	0.3	x10E3/uL x10E3/uL	0.0 - 0.4 $0.0 - 0.2$	MB MB

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000





Laboratory Corporation of America

SPECIMEN 180-205-5064-0	TYPE S	PRIMARY LAB MB	REPORT STATU COMPLETE	S Page #:	1
	AI	DITIONAL INFO	RMATION		
ww		FASTING: 1 DOB: 4/05/1			
PATI) ADAMS,ANTE	ENT NAM:	E	SEX AC	GE(YR./MO 48 / 2	S.)
PT. ADD.:					
DATE OF SPECIME 6/28/2004	EN TIME 8:36	6/28/2004	6/29/2004	ED TIME 11:29	490

•	INFORMATION 0- 95202805724			
PHYSICIAN ID. ROBBINS M PATIENT ID. 180127				
ACCOUNT: KILBY COR PRISON HE 12201 Wares Mt. Meigs ACCOUNT NUMBER:	ALTH SERVICES			

TEST	RES	ULT	LIMITS	LAB
CMP12+LP+TP+TSH+6AC+CBC/D/Plt				
Chemistries				MB
Glucose, Serum	98	mg/dL	65 - 99	MB
Uric Acid, Serum	6.4	mg/dL	2.4 - 8.2	MB
BUN	7	mg/dL	5 - 26	MB
Creatinine, Serum	0.9	mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	8		8 - 27	
Sodium, Serum	138	mmol/L	135 - 148	MB
Potassium, Serum	3.6	mmol/L	3.5 - 5.5	MB
Chloride, Serum	104	mmol/L	96 - 109	MB
Calcium, Serum	9.9	mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	3.4	mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.4	q/dL	6.0 - 8.5	MB
Albumin, Serum	4.0	g/dL	3.5 - 5.5	MB
Globulin, Total	3.4	g/dL	1.5 - 4.5	
A/G Ratio	1.2	3	1.1 - 2.5	
Bilirubin, Total	0.4	mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	82	IU/L	25 - 150	MB
LDH	173	IU/L	100 - 250	MB
AST (SGOT)	57 H	IU/L	0 - 40	MB
ALT (SGPT)	79 Н	IU/L	0 - 40	MB
GGT	56	IU/L	0 - 65	MB
Iron, Serum	77	ug/dL	40 - 155	MB
		-		MB
Lipids				MB
Cholesterol, Total	162	mg/dL	100 - 199	MB
Triglycerides	118	mg/dL	0 - 149	MB
HDL Cholesterol	56	mg/dL	40 - 59	MB
VLDL Cholesterol Cal	24	mg/dL	5 - 40	
LDL Cholesterol Calc	82	mg/dL	0 - 99	
T. Chol/HDL Ratio	2.9	ratio units	0.0 - 5.0	
Estimated CHD Risk	< 0.5	times avg.	0.0 - 1.0	
Inclinated one reserve			nol/HDL Ratio	
			Men Women	
		1/2 Avg.F	Risk 3.4 ' 3.3	
		Avg.F		
		2X Avg.F		
		<u></u>	Risk 23.4 11.0	

The CHD Risk is based on the T. Chol/HDL ratio. Other





SPECIMEN 203-205-5102-0	TYPE S	PRIMARY LAB MB	AB REPORT STATUS COMPLETE		INITIAL ESTA		4: 2	
	AD	DITIONAL INFOR	RMATION					
ww		FASTING: N DOB: 4/05/19				PHYSI		
PATIENT NAME ADAMS,ANTHONY		E	SEX M	GE(YR./MOS.) 48 / 3		ROBE		
PT. ADD.:								
7/21/2004	EN TIME 11:07	7/21/2004	7/22/2004		5748	ACCOUN		
	TES	r		RES	ULT			

	NFORMATION - 95202806567
PHYSICIAN ID. ROBBINS M	PATIENT ID. 180127
ACCOUNT: Kilby Correct Prison Health 12201 Wares	1 Services
Mt. Meigs ACCOUNT NUMBER:	AL 36507-000 01306900
L	MITS LAB

DIRECTOR: Arthur Kelly G MD

factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

				MB
	1			MB
Thyroid	1.374	uIU/mL	0.350 - 5.500	MB
TSH	8.8	ug/dL	4.5 - 12.0	MB
Thyroxine (T4)	23 L	%	24 - 39	MB
T3 Uptake	2.0	0	1.2 - 4.9	
Free Thyroxine Index	2.0			MB
				MB
CBC, Platelet Ct, and Diff	4 0	x10E3/uL	4.0 - 10.5	MB
White Blood Cell (WBC) Count	4.2	x10E3/uL x10E6/uL	4.10 - 5.60	MB
Red Blood Cell (RBC) Count	4.96		12.5 - 17.0	MB
Hemoglobin	15.0	g/dL	36.0 - 50.0	MB
Hematocrit	45.0	Qio	80 - 98	MB
MCV	91	fL	27.0 - 34.0	MB
MCH	30.2	pg		MB
MCHC	33.3	g/dL	32.0 - 36.0	MB
RDW	12.4	95	11.7 - 15.0	
Platelets	221	x10E3/uL	140 - 415	MB
Polys	54	90	40 - 74	МВ
Lymphs	33	90	14 - 46	MB
Monocytes	6	્રેક	4 - 13	MB
Eos	6	લ	0 - 7	MB
Basos	1	olo	0 - 3	MB
Polys (Absolute)	2.3	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.4	x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.3	x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	MB

LAB: MB LabCorp Birmingham

1801 First Avenue South, Birmingham, AL 35233-0000



Radiology Services Report

NAME: ADAMS, ANTHONY

FACILITY: KCF D.O.B.: 04/05/56 ID NUMBER: 180127

PA VIEW CHEST 07/26/04

COMPARISON IS MADE TO PRIOR EXAM DATED 05/27/04.

FINDINGS: The heart, lungs, and osseous structures are normal. There is no evidence of

active TB. No pleural fluid or pneumonia.

IMPRESSION: No acute process in the chest.

William B. Abbott, MD



Radiology Services Report

NAME: ADAMS, ANTHONY

FACILITY: KCF **D.O.B.:** 04/05/56 **ID NUMBER: 183127**

180 PA VIEW CHEST 05/27/04

MILD EMPHYSEMATOUS CHANGE IS NOTED. I SEE NO EVIDENCE OF AIR SPACE DISEASE ON EXAM. THE CARDIOMEDIASTINAL SILHOUETTE IS WITHIN NORMAL LIMITS.

IMPRESSION: NO ACUTE PULMONARY DISEASE. SPECIFICALLY, I SEE NO EVIDENCE OF ACTIVE TB. MILD EMPHYSEMATOUS CHANGE IS PRESENT.

William B. Abbott, MD



DEPARTMENT OF CORRECTIONS

MENTAL HEALTH SERVICES

DENTAL RECORD

	DENTAL EXAMINAT	ION		REST	ORATIONS AN	DTREATME	NTS
			пен				
Date of Initial Exam	ination (0) 7/04		Initial Cla	ssification			<u> </u>
Health Questionne	Occlusion Floentgenograms	Vincent's Infect Stornatitis Other Findings	_		*		
YES NO	Rheumatic Fever Allergy (Novocaine, penicili Present Medication Epilepsy Asthma Diabetes HIV	in, etc.)	YES	10000000000000000000000000000000000000	V.D. Hepatitis Anemia or Bleedir Heart Disease High Blood Pressi Kidney Disease Other Disease		l Beat
		SERVICES	RENDE	RED			
Date 10 1 0	Tooth # DX	Elm Jon Phad In Stang Sale Deeder Sale Distriction Scelenz V	Ti Zejel	(hud moder	Initials	Class
INMATE NAME (LAST, FIRST, MIDDLE)	One		DOC	DOB	RVS Plan	FAC. Hellar

EXHIBIT A.1

CORRECTIONAL MEDICAL SERVICES MEDICAL HISTORY AND SCREENING

HOLANS ANTHONY L.	ID	180,	1/2) RACE: / D.O.B.: 4-J-J6	
INMATE QUESTIONNAIRE	(circle	ASSOCIATION 1	CURRENT MEDICAL CONDITIONS (circle terms that apply)	
Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	(NB)	Unconscious Skin Infestation Intoxicated Restricted Mobility	
2. Have you fainted or had a head injury within past six months?	Yes	6	Lesions Skin Rash Obvious Pain Jaundice	
3. Are you allergic to any medications?	Yes	(Ko)	Obvious Pain Jaundice Bruises Needle Marks	
4. Have you been seen by a doctor in the past six months?		No	Fever Swollen Glands	
5. Do you wear dentures or partial plate? Nentwees	Yes	No	Nausea Active Cough Uses Tobacco Vaginal/Penile Discharge	
6. Do you wear glasses or contact lenses?	Yes	(40)	MEDICAL HISTORY (circle terms that apply)	
7. Do you have a prosthesis, splint, crutches, cast or brace that you need while here?	Yes	(6)	Arthritis Frequent Diarrhea Diabetes Genital Sores	
8. Do you drink wine, beer or whiskey? How often? How much? Last time?	Yes	@	Seizure Disorder V.D. Asthma Special Diet V.D. Hepatitis 1294 HIV+ 1994	
9. Have you had seizures or blackouts when you stop drinking?	Yes	(No)	Heart Condition Tuberculosis Hypertension Persistent Sore Throat	
10. Do you use dryes? Type? Ocaine - Cracke How often? 4/week Last time? 1980	es	No	Hypertension Persistent Sore Throat Someth Ulcer Dental Problems Cancer Surgeries	
11. Have you had withdrawal problems when you stop taking drugs?	Yes	3	-5.11 L	
12. Do you have any medical problems we should know about?	(Ves) No	TB SCREENING	
13. Are you covered by medical insurance or a benefits program?	Yes	No	Ever treated with TB Drugs? Ye NO PPD test? Yes NO Positive Reaction? Yes No	
14. Have you been in this facility before?	Yes	No	When:	
FEMALE INMATES ONLY			Where:	
1. Are you pregnant?	Yes	No	Chronic Cough/Blood Fever Recent Weight Loss Night Sweats	
2. Do you use birth control? Type?	Yes	· No	Recent Appetite Loss Fatigue	
3. Have you recently had a baby, miscarriage or abortion?	Yes	No	MEDICATIONS	
COMMENTS: (Explain "Yes" responses)			Current medications:	
4. Go Merrousness			Elaml	
12. Mervousness			Prescriber: ALLERGIES	
			Medication Allergies (Yes) No Type: (Yes (No)) Other Allergies Yes (No)	
DISPOSITION			Type:	
Emergency Room (Acute condition) / L/	firmary	tion Setting		
Sick CallO	ther		Pulse Resp. Temp.	
The state of the state of the second religious truthfully and have been told the way to obtain health services and consent to routine care provided				

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed. Inmate signature anihomy be a down

SCREENED BY UNDAIL CUID CONSTRUCTION TO THE

EXHIBIT A.2

PHYSICAL ASSESSMENT

inmateriame: Anthony L. 100,	(4) RACE: D.O.B.:
TYPE OF ASSESSMENT: INTAKE: OTHER:	VITAL SIGNS
FAMILY HISTORY: (f/father, m/mother, b/brother, s/sister).	HT WT BP
TB Hepatitis HIV+ Hypertension Cancer Asthma S Epilepsy/ Anemia Kidney Disease Sickle Cell Seizures Mental Illness Diabetes Heart Disease Other	Pulse Resp Temp. VISION (SNELLEN CHART) GROSS HEARING
Diabetes Heart Disease Other PHYSICAL EXAMINATION	Rt O O O ith glasses Rt: Lt: Lt: Lt: Lt: Lt: Lt: Lt: Lt: Lt: L
Normal/Not Present Abnormal/Comment	DENTAL SCREENING No. of missing teeth 23
Please / SKIN: Color Condition Turgor Recent injury Tatoos	Condition of teeth: poor fail good Condition of gums: poor healthy False teeth: partial plate apper lower Oral Hygiene instructions given: IMMUNIZATION STATUS
Scars HEAD: Hair Scalp (pediculi)	Date last Tetanus: 8-18-95 Other:
EARS: Appearance Canals	TB SCREENING PPD:
EYES: Pupils Sclera Conjunctiva	Date/Time administered: 8-18-95
MOUTH: Throat Tongue Tonsils	Results (millimeters): Referral for chest x-ray: Yes No
NOSE: Obstruction Drainage	LABORATORY TESTS DATE OBTAINED RPR
NECK: Veins Mobility Thyroid Carotids Lymph nodes	RPR: 10 6 - 18 - 95 G.C.: PAP: HIV: Dave 9 - 18 - 95
CHEST (BREASTS) Configuration Auscultation Respirations Cough/Sputum	PREGNANCY TEST: OTHER: COMMENTS
HEART: Auscultation Radial pulses Apical pulse Rhythm	
EXTREMITIES: Pulses Edema Joints A 2 The amputation Pulses A 2 The amputation	
SPINE	
REFLEXES	REFERRAL
ABDOMEN: Shape Bowel sounds Palpation Hernia	per c/o vetal bluding
ANUS/RECTUM Hemorrhoids Anal warts Anal warts	Assessed by: Wheney
PELVIC O	Date: 8-28-95 Time: 6 6 Physician Review: Date: Time:

EXHIBIT A.3

ison Health Services

REFUSAL OF TREATMENT FORM

Institution: <u>BCCP</u>	
Resident's Name: Adams, Anthony	ID#_180127
D.O.B. 04/05/56	
I, Anthony Adams (Name of Inmate)	have, this day, knowing that I have a conditio
requiring medical care as indicated below:	
A. Refused medication.	E. Refused X-Ray services.
B. Refused dental care.	F. Refused other diagnostic
C. Refused an outside medical appo	intment G. Refused physical examir
D. Refused laboratory services.	H. Other (Please specify)
Missed 22 Joses Tempo 150m PD 7	BIN-Did not come to 5pm Pill Call
9. 1 6.1 1	
Reason For Refusal Most of the Ame	I don't Think I head of
	trish for gostnesophogen I reflex, al
f cashoesoghageal ension	
and the risks involved in refusing them. I hereby r	of and understand the above treatment recommendation elease and agree to hold harmless the state, statul
authority, all correctional personnel, medical/health pmay result from this refusal and I shall personally ass	personnel from all responsibility and any ill effects with
	tify that I understand its contents.
Down To	and the control of th
Witness Signature	
Witness Signature	Patient Signature
03/03/04	
Date	7338 Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

CORRECTIONAL MEDICAL SYSTEMS HEALTH SERVICES REQUEST FORM

HNTHONY	
Print Name: Request: 8-18-95	
Print Name: Adams Date of Request: 8-18-95 ID #: 180-127 Date of Birth: 4/5/56 Housing Location: E-165 Nature of problem or request: Bol Liver Bod Hari Bleating u Hip iius I need to have a tooth pulled	-)
Bol Hart Bleating u	sler
Nature of problem or request: Do Rever a Tooth pulled	
Hip tills I will a server a se	
I consent to be treated by health staff for the condition described.	
SIGNATURE	-
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA	

HEALTH CARE DOCUMENTATION	
Subjective:	
Objective: BP P R T	
Objective: BP_P_R_T_ 8/21 O-No JAM for Sich - Care	L/U
8/2/ U-10 JUN TO FOR	
ℓ	
Assessment:	
Plan:	
Refer to: PA/Physician Mental Health Dental	
Keier io I A/I ilysiciair incident a second	
Signature: Title: Date: Time:	

CMS 7166 REV. 3/93

CMS 7166 REV. 3/93

CORRECTIONAL MEDICAL SYSTEMS HEALTH SERVICES REQUEST FORM

Print Name: ANTHONYL. Ad AMS Date of Request: 24 / 95
ID #: $\frac{180127}{}$ Date of Birth: $\frac{4/5}{}$ 5 6 Housing Location: $\frac{W-9}{}$
Nature of problem or request: I CANT GET MEdiction FOR MY NERVES I HAVE BLEEDING ULCERS I SUFER WITH a EARREGULER HEART BEAT
I consent to be treated by health staff for the condition described.
SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective:
Objective: BP P R T
Assessment:
Plan:
Refer to: PA/Physician Mental Health Dental
Signature: Title: Date: Time:

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: ANThony Adams Date of Request: 1/8/1996
ID #: 180127 Date of Birth: 4 5 56 Housing Location: D:1 8:31
Nature of problem or request: my ulcer home gotten real serious in huning sharp poins in my chest gas and indigestion and heart Burn.
I consent to be treated by health staff for the condition described.
Anthony Adoms. SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: I been suffering a where Subjective: BP 18/8 P 8U R 20 T 91 Objective: BP 18/8 P 8U R 20 T 91 Avan
Assessment: Of My abnotant indigestion III me Stemach Swelle. Plan: To see M.D.
Refer to:PA/Physician \(\sum_{\text{Mental Health}} \) Dental
Signature: Lindacon. Title: LM. Date: #35 Time: 1135

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: ANThony Adams Date of Request: 5/17/96
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D: 2 B-20
Nature of problem or request: I need to have my tagoments and my Modicin for my hymnote or Riction
I consent to be treated by health staff for the condition described. Onthony adoms SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: "I need my med renewed"
Objective: BP 1280 P 80 R 20 T 44
Assessment: Denies CO of sciale effects, Co of Surviva, Sensation in Stomach when not Plan: taking Tugunet. Renew. Mentos, & Tagamet. 05-17-1996
Refer to:PA/Physician Mental Health Dental
Signature: Schuffenson Title: LPN Dates 1696 Time: 1115:

huz

CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM

Print Name: Anthony Adams Date of Request: 5-29-02
ID #: 180127 Date of Birth: 4/5/56 Housing Location: D: 22 B: 11
Nature of problem or request: Im having problems with my Stomach yICET I have pains when I lay down Every night. its been going
with my Stomach WICEL I have pains
When I lay down Every night. its been going
on now for About Cwo weeks
I consent to be treated by health staff for the condition described.
Anthony Adams SIGNATURE
PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA
HEALTH CARE DOCUMENTATION
Subjective: I have a liver concer my Stomach is sure I have stomach
uleer. I use to take tagament about 2 years ago. I'm not taking any medi
Objective: BP $\frac{ 4 }{89}$ P $\frac{88}{R}$ R $\frac{18}{T}$ $\frac{99^2}{145}$
Assessment: Alteration in Comfort: RT Stomach pain
Plan: Refer to Dr. Siddig
Refer to: V PA/Physician Mental Health Dental
Signature: May Scul Title: Lpl Date: 5/29 Time: 1145/pr
CMS 7166 REV. 10/94

nour



GLF-1002 (1/4)

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: ANTHONY L, Adams ID # 180127 Date of B. Nature of problem or request: DOCTOF Ah EAD AND SEND ME TO T BECAUSE ITS GOTLEN VER	THE FREE WORLD HOSPITAL
Swollow my Food.	
	ANThony L, Adams Signature
DO NOT WRITE BE	<u> </u>
Date:/ Time: AM PM Allergies:	RECEIVED Date: 03/26/07 Time: 2 00 Receiving Nurse Intials
(S)ubjective:	133
(O)bjective (V/S): <u>T:</u> <u>P:</u> <u>Z</u>	R: BP: WT:
(A)ssessment:	
(P)lan:	
Refer to: MD/PA Mental Health Dental E CIRCLE Check One: ROUTINE () EMERGENCY If Emergency was PHS supervisor notified Was MD/PA on call notified	ONE () d: Yes () No ()
	IGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	IGNATURE AND TITLE
YELLOW: INMATE RETAINS COPY AFTER NU	JRSE INITIALS RECEIPT

Case 2:07-cv-00351-CSC Document 10-16 Filed 07/03/2007 Page 2 of 2

EMERGENCY/ Non-scholo TREATME. . RECORD

DATE TIME FACILITY	TOCK DEMERGENCY
7-30-02 2135 AM OSIR OPDL OF	
ſ	CONDITION ON ADMISSION
ALLERGIES NKA,	12-2500 FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 98 GRAD RECTAL RESP. 18	PULSE 82 B/P 10 182 RECHECK IF SYSTOLIC
	* **** ED
NATURE OF INJURY OR ILLNESS	ABRASIONIII CONTUSION # BURN XX FRACTURE Z LACERATION/ SUTURES
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20 No. 121 1 7 5 1 1/2	a 1188
1 Notified Dr. Oldaly	@ 2138
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DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
	ACCAL-S RED TO 1200C CONDITION ON DISCHARGE
AM	☐ AMBULANCE ☐ SATISFACTORY ☐ POOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATU	☐ ☐ FAIR ☐ CRITICAL IRE 2 DATE CONSULTATION
10/10/12/12/1	
DATION TO AMERICAN FIRST MIDDLE	AGE DATE OF BIRTH R/S AIS #
PATIENT'S NAME (LAST, FIRST, MIDDLE)	
Holans, An Thomas	96 415 156 BM 180127
NC 041 OBJGINAL - MEDICAL RECOR	D, YELLOW - TRANSFER AGENT



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)	
D.O.B. / / ALLERGIES:		
Use Last Date / /	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED	
NAME:	DIAGNOSIS (If Chg'd)	
D.O.B. / / ALLERGIES:		
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NAME: Adams Anthony 180137 D.O.B. 1244 2 2 2 2 3 3	DIAGNOSIS (If Chg'd) Darun mallan	
ALLERGIES: 3/2		
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D.O.B. / ALLERGIES: 27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	DIAGNOSIS (If Chard) Trequence II Hhlt. P Zantar 150 by PD Did 1x 180 clsc	
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ose second Date / /	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED	
NAME: Flowns, Anthony # 180127 D.O.B. 1 1 ALLERGIES: NICA	DIAGNOSIS Zontac 150 mg to BIO X 180 da	
Use First Date 1/15/06	GENERIC SUBSTITUTION IS NOT PERMITTED	

Bullock County Hospital

102 W. Conecuh Ave. Union Springs AL36089 334-738-2140 FAX: 334-738-1496

PATIENT NAME: ADAMS, ANTHONY

ORDERING PHYSICIAN: Siddiq, Tahir

DATE OF BIRTH: 4-05-1956

PRIMARY CARE PHYSICIAN:

MRN:

ACCOUNT NUMBER:

ACCESSION NUMBER: A163586

PATIENT LOCATION: OUTPATIENT

EXAM DATE:

4-10-2007

31461

FLOOR/ROOM:

EXAM DESCRIPTION: RF BARIUM SWALLOW

HISTORY: Dysphagia.

TECHNIQUE: Air-contrast barium swallow was performed utilizing granules, a thick weight barium solution and a thin weight barium solution.

FINDINGS: Patient was administered barium in the usual fashion. There is a normal swallowing mechanism without evidence of aspiration.

Evaluation of the esophagus demonstrates normal primary stripping wave and peristalsis. No esophageal masses, strictures, or ulcerations are noted. No extrinsic compression is identified. No gastroesophageal reflux was visualized.

IMPRESSION:

NEGATIVE BARIUM SWALLOW.

Procedure performed by Barry Waller, RPA under the supervision of an RSI radiologist.

Dictated and Electronically Signed: Raja P. Reddy, MD RSI Staff Radiologist

4-11-2007 12:28 pm

Turnaround: 21 Hrs 7 Minutes

Transcribed: 9999&<None>^^20070411121018137 4-11-2007 12:28

PATIENT NAME: ADAMS, ANTHONY

ORDERING PHYSICIAN: Siddiq, Tahir

DATE OF BIRTH: 4-05-1956

PRIMARY CARE PHYSICIAN:

MRN:

ACCESSION NUMBER: 115937

ACCOUNT NUMBER:

PATIENT LOCATION: OUTPATIENT

FLOOR/ROOM:

EXAM DATE:

4-10-2007

31461

EXAM DESCRIPTION: RF UGI SERIES

HISTORY: Abdominal pain, dysphagia.

ATR-CONTRAST UPPER GI

TECHNIQUE: Air-contrast upper GI was performed utilizing granules, a thick weight barium solution and a thin weight barium solution.

FINDINGS: All consistencies were ingested without aspiration complications. The esophagus exhibited normal distensibility and peristalsis. A normal mucosal pattern is appreciated without evidence for stricture or abnormal extrinsic impression. No gastroesophageal reflux was demonstrated.

Evaluation of the stomach reveals normal distensibility, peristalsis and the mucosal pattern. No mass lesion, polyp or ulcer is identified. The stomach empties readily into a normal bulb and duodenum. The ligament of Treitz is in normal position. No ulcerative process identified.

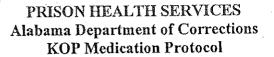
IMPRESSION:

NORMAL UPPER GI SERIES.

This procedure was performed by Barry Waller, RPA under the supervision of an RSI radiologist.

Dictated and Electronically Signed: Raja P. Reddy, MD RSI Staff Radiologist Turnaround: 20 Hrs 46 Minutes 4-11-2007 12:30 pm

Filed 07/03/2007 Case 2:07-cv-00351-CSC Document 10-19 Page 3 of 3 Facility Name: RCCF Hour 1 2 3 4 8 6 7 8 9 10 11 24 | 25 | 26 | 27 | 28 | 29 | 3 Zentac 150mg + po bid x 180 days lloo 1700 11-16-06 Start Date: Prescriber: 5.14.07 Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 3 Hour Start Date: Prescriber: Stop Date: BX #: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Hour Start Date: Prescriber: Stop Date: Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Start Date: Prescriber: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Start Date: Prescriber: Stop Date: RX #: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Hour Start Date: Prescriber: Stop Date: Diagnosis Nurse's Signature Initial Nurse's Signature Documentation Codes 1. Discontinued Order 2. Refused Allergies 3. Patient out of facility Charted in Error 5. Lock Down Housing Unit: 6. Self Administered Patient ID Number: 7. Medication out of Stock Patient Nan 8. Medication Held 9. No Show Date of Birth: 10. Other



The KOP program will allow specific inmates to keep certain kinds of medications on their possession. If they are caught selling, trading, or not taking the medication correctly, they will be removed from the list and face possible disciplinary actions. The KOP medications will include formulary medications.

- 1. The inmate will have in his possession the medication in blister pack. The inmate should take the medication as directed on the package sticker.
- 2. The inmate is to bring the package to the infirmary when he gets down to the reorder row of pills so the nursing staff can pull the sticker off the card and reorder. If the inmate waits until they have finished the last row of pills before coming to the nurse, they are likely to run out before their order comes in. The card will be checked at this time against the MAR to determine if the number of pills remaining is accurate (not to many left, not to few). This will be noted by looking at the date the card was given. Each inmate is responsible for keeping their medication in a secure area. We will not be responsible for stolen medications.
- 3. When the inmate receives their card of medication, usually #30 tabs per card, they should pop them out in numerical order, i.e. #30, #29, etc.
- 4. In order to be eligible for KOP, the inmate must have a good history of compliance and voice understanding of how this system works. They will not be eligible if their medication is insulin or a psychotropic medication, or has been known to be non-complaint in the past. The inmate will be required to come to the infirmary and sign a KOP agreement that we have formulated. At this time the staff will explain the procedure to the inmate and document that the information was explained and the individual can again sign that the program has been explained in its entirety.
 - 5. Once we have established the program, others will be free to request to be placed on KOP. If research finds that he will qualify, we will repeat the above with this individual.
 - 6. We will not place just anyone on KOP. The individual must have past history evaluated first.
 - 7. Inmates may be requested to present for a medication check at any time to see that the correct number of pills are accounted for. The Medical Staff will be doing random checks for compliance.
 - 8. The inmate holds harmless PHS and its healthcare providers for incidents that may result from the inmate taking medication improperly, exchanging the medicine with other inmates, and consuming drugs/medication provided by other individuals that result in drug interactions.

Inmate Signature:	AnThony L, Adams	AIS#: 180127
Nurse Signature:	Vamethino	Date: 3-12~0-

EXHIBIT B

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

ANTHONY ADAMS, AIS #180127

*

Plaintiff,

V.

2:07-CV-351-MEF

PRISON HEALTH SERVICES, et al.,

Defendants.

AFFIDAVIT OF TAHIR SIDDIQ, M.D.

BEFORE ME, Lance C And notary public in and for said County and State, personally appeared TAHIR SIDDIQ, M.D., and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of his ability, information, knowledge and belief, as follows:

"My name is Tahir Siddiq. I am a medical doctor and am over twenty-one years of age. I am personally familiar with all of the facts set forth in this affidavit. I have been licensed as a physician in Alabama since 1996, and have been board certified in internal medicine since 1996. I have served as the Medical Director for Bullock Correctional Facility in Union Springs, Alabama, since 1997. Since November 3, 2003, my employment at Bullock Correctional Facility has been with Prison Health Services, Inc. ("PHS"), the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Anthony Adams (AIS # 180127) is currently incarcerated as an inmate at Bullock Correctional Facility. I am familiar with Mr. Adams' medical history and conditions, and

have seen and evaluated him as a patient on numerous occasions. I have also reviewed Mr. Adams' medical records, certified copies of which are being produced to the Court along with this Affidavit.

Mr. Adams has been seen and evaluated by the medical and nursing staff, and has been referred to an appropriate care provider and given appropriate care, each time he has registered any health complaints at Bullock. Mr. Adams is enrolled in the Chronic Care Clinic for symptoms related to an ulcer, where he has been regularly seen and evaluated and has had follow-up appointments. He also has a psychiatric history with a prior diagnosis of Schizophrenia, but this has not been verified.

Mr. Adams has been seen in the health care unit at Bullock with complaints of throwing up blood, difficulty swallowing and gastric reflux. He has been diagnosed with hemorrhoids, constipation, Gastritis and Gastro Esophageal Reflux Disease (GERDS). He also has a history significant for a peptic ulcer. He has been prescribed Annusol and Zantac for these conditions. A Barium Swallow was ordered and performed on April 10, 2007 and it was negative. An Upper GI Series was also performed on April 10th and it was normal.

Mr. Adams has continued to receive appropriate treatment for his complaints related to his Gastro Esophageal Reflux Disease and this treatment remains available to him. He has been treated each time he raised any health complaints.

Based on my review of Mr. Adams' medical records, and on my personal knowledge of the treatment provided to him, it is my medical opinion that all of his medical conditions and complaints have been evaluated in a timely fashion at Bullock Correctional facility, and that his diagnosed conditions have been treated in a timely and

appropriate fashion. At all times, he has received appropriate medical treatment for his health conditions at Bullock. At no time has he been denied any needed medical treatment. In other words, it is my opinion that the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate.

At no time have I, or any of the medical or nursing staff at Bullock Correctional Facility, denied Mr. Adams any needed medical treatment, nor have we ever acted with deliberate indifference to any serious medical need of Mr. Adams. At all times, Mr. Adams' known medical complaints and conditions have been addressed as promptly as possible under the circumstances."

Further affiant sayith not.

TAHIR SIDDIQ, M.D.

STATE OF ALABAMA)

COUNTY OF Bollock)

I, Lance C. Anthony, a Notary Public in and for said State and County, hereby certify that TAHIR SIDDIQ, M.D. who being known to me and who being duly sworn, and whose name is signed to the foregoing document, acknowledged before me on this date that being first informed of the contents of said document, having read the same, and understanding its purpose and effect, voluntarily executed the same upon the above-stated date.

SWORN TO and SUBSCRIBED BEFORE ME on this the $\frac{\partial \mathcal{H}_{\lambda}}{\partial x}$ day of $\frac{\partial \mathcal{H}_{\lambda}}{\partial x}$.

NOTARY PUBLIC

My Commission Expires:

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Apr 4, 2011

(NOTARIAL SEAL)

EXHIBIT C

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

ANTHONY ADAMS, (AIS #180127),

Plaintiff,

V. 2:07-CV-351-MEF

PRISON HEALTH SERVICES, et al.

Defendants.

AFFIDAVIT OF BRANDEE PLAYER, H.S.A.

BEFORE ME, Justine B. Person a notary public in and for said County and State, personally appeared BRANDEE PLAYER, H.S.A., and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of her ability, information, knowledge and belief, as follows:

"My name is Brandee Player. I am over the age of twenty-one and am personally familiar with all of the facts set forth in this Affidavit. I hold a Master's Degree in Health Services Administration from Barry University in Miami Shore, Florida. I have worked as the Prison Health Administrator at Bullock County Correctional Facility in Union Springs, Alabama, since November 6, 2006. Since this date, I have been employed as the Health Service Administrator (H.S.A.) for Bullock County Correctional Facility by Prison Health Services, Inc., the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Prison Health Services, Inc. (PHS) has established a simple two-step procedure for identifying and addressing inmate grievances at Bullock Correctional Facility. If an inmate has a grievance regarding a healthcare issue he must submit to the healthcare unit an "Inmate Informal Grievance" form. These are standard forms that may be acquired in the healthcare unit or from an inmate's supervising officer in his dormitory. The informal grievance allows an inmate to communicate any healthcare related concern by placing the form in the medical services complaint box or mailbox to be forwarded to the healthcare unit. I subsequently review the concern and respond via in house mail.

If the inmate is unsatisfied with my response, he may request an "Inmate Grievance Appeal" form from the healthcare unit. This form allows an inmate to again voice his concerns relating to the healthcare issue addressed with the informal grievance form. After the inmate has submitted the grievance appeal, I will meet with him face-to-face in a final attempt to address his concerns verbally.

It is my understanding that Anthony Adams has filed suit in this matter alleging that PHS has failed to provide him with appropriate medical care. However, Mr. Adams has failed to exhaust Bullock's informal grievance procedure relating to the receipt of medical care for this alleged condition. Specifically, Mr. Adams has not submitted all appropriate and required forms. As such, the healthcare unit at Bullock County Correctional Facility has not been afforded the opportunity to resolve Mr. Adams' medical complaints prior to filing suit.

Further affiant sayeth not.

BRANDEE PLAYER, H.S.A.

STATE OF ALABAMA)
COUNTY OF Bullock
May, 2007. Sworn to and subscribed before me on this the//th day of
Instine B. Ren
Notary Public
My Commission Expires:
2/24/2009